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Food and Eating Practices in Multigenerational, Pakistani, Muslim Families Living in Edinburgh; A Qualitative Study

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Declaration

I, Juneda Sarfraz, declare that the following thesis has been composed by me. The work is my own and has not been submitted for any other degree or professional qualification.

Date **Signature**

Abstract

Non-communicable diseases (NCDs), including type 2 diabetes mellitus and cardiovascular diseases pose a grave challenge to the health of populations. A four- to six-fold increase in risk of NCDs has been documented among South Asians living in the UK, and lifestyle factors, including an unhealthy diet have been implicated. Pakistanis are the largest ethnic minority in Scotland, many of whom still prefer to live together as multigenerational families. The older generation mostly came from Punjab, Pakistan, while subsequent generations were born in Scotland. Research on food and eating practices among Pakistanis living in the UK has tended to focus on individual practices and preferences, has mostly been disease oriented and quantitative in nature, and has lacked the cultural insight needed to inform effective health promotion interventions. This qualitative study aims to fill a gap in the literature by exploring food and eating in multigenerational Pakistani, Muslim families.

This study used qualitative interviews informed by the case study approach and an ethnographic perspective. Two or more adult family members of different genders and generations were recruited from eight multigenerational Pakistani families living in Edinburgh. Twenty-three interviews were conducted in total. The data were analysed thematically using the method of constant comparison.

The analysis identified distinctive features and commonalities within each generation as well as the ways in which the preferences and tastes of one generation could influence the food eating by family members belonging to other generations. The older generation exhibited a need to maintain their ethnic identity through eating traditional foods such as salan and roti, and adhered to cultural and religious values and traditions. Their experiences, both before and after migration, influenced their present everyday food and eating. Almost all families had one person from the older generation who had a chronic illness, but the impact of this illness on that person's diet and the diet of other family members varied. Within the second generation, differences were apparent according to gender and place of birth. Women juggled multiple roles as wives, daughters-in-law and mothers, and were responsible for most of the food-related chores. Preferring traditional meals and

prioritising taste over health, Pakistan-born women were more likely to adhere to cultural values in relation to food-related issues than their British-born counterparts. Second-generation women accommodated the wishes of all family members, including husbands, in-laws and children, which constrained food-related decisions and their role as gatekeepers of food. Second-generation men preferred fried meaty dishes over roti and many opted out of family meals by eating food from outside the home. Children were looked after and fed by many members of the family. They often ate five meals daily, along with a variety of snacks. Feeding was seen by women, especially older generation, as a function of nurture, and well fed children as a sign of affluence.

This study highlights the issues which influence and inform food and eating practices in multigenerational, Pakistani, Muslim families. It is the first of its kind not only to look at what members of different generations eat, but also how and why they eat it. It offers an insight into how continuities and change in eating practices can co-exist, leading to multiple menus and how individuals are influenced by others when making decisions about everyday foods. A range of factors, including historical experiences, cultural and religious values, familial hierarchy, identity maintenance and attitudes towards health and disease are shown to affect the diet of these individuals, which vary according to gender and generation. It is shown that the gatekeeping function is not solely restricted to second generation women, even though they are primarily responsible for food-related tasks, and multiple gatekeepers exist with varying roles. Generally, the link between food and health was not recognised by participants in this study, although some individuals had made dietary changes for health reasons. It is recommended that health promotion interventions should take into account the way members of the family influence the diet of other family members, rather than restricting the focus to the person with or at risk of a NCD or the cook.

Dedicated to

Amjad, my better half.

I live for those who love me

Their hearts are kind and true

Human ties that bind me

The love that is behind me

And the good that I can do

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Chapter 1 Introduction

The health of South Asians, who are defined as people originating from the Indian subcontinent (Brown, 2006, Chaturvedi et al., 1997, Rankin and Bhopal, 2001), living in UK has been an increasing focus of public health research over recent years. As migration and acculturation have been increasingly linked with changes in diet-related chronic disease patterns (Davies et al., 2009), the case of South Asians living in the UK has been highlighted (Holmboe-Ottesen and Wandel, 2012). The disproportionately high risk of type 2 diabetes (Garduño-Diaz and Khokhar, 2012) and heart disease (Gholap et al., 2011) among UK based South Asians is not only well documented, but also is an area of concern for current and future generations (Zaman and Bhopal, 2013, Gilbert and Khokhar, 2008). It has been argued that more research is needed about what leads to these health inequalities and to inform policy and practice about how we might address them (Nazroo, 1998).

In light of the above concerns, the research undertaken in this PhD aims to explore the food and eating practices of multigenerational Pakistani Muslim families living in Edinburgh. Using qualitative interviews, it traces the various social and cultural meanings that food has for members of different generations. It provides further insight into the social influences on health inequalities and makes recommendations for developing effective strategies to enhance the health-related quality of life of South Asians living in the UK.

Recent research has recognized that in order to understand the full range of food practices and their significance, kinship structures and social dimensions should be used as a lens for analysis (Williams-Forson and Wilkerson, 2011). My PhD research, therefore, not only explores eating practices - which foods are eaten by members of different generations in Pakistani families - but also seeks to understand the reasons for eating these foods from a social perspective. It investigates the participants' perceptions of various types of foods and how family members of different genders and generations contribute towards food-related chores i.e. provisioning, processing, feeding and eating (DeVault, 1994). In addition, the factors that influence food practices within the household milieu are explored.

Several studies have explored the food intake of migrant populations, acknowledging that the diversity of foods eaten, lack of standardised recipes for most prepared foods and, above all, gaining access to such populations makes it a challenging area to research (Anderson, 2003, Douglas et al., 2011). The specific dynamics of cooking and eating may also vary with changing temporal, social and historical contexts, across households and throughout the life course (Devine, 2005). Food consumption involves decision-making on a daily basis and, as a social phenomenon (Delormier et al., 2009), entails considerable negotiation along with varying degree of compromise between members of the household (Valentine, 1999). Significant intergenerational variation in dietary intake may exist, sometimes reflecting differences and conflicts in food tastes and preferences between members of different generations (Jamal, 1998). Therefore an analysis of socio-cultural context has been recommended for understanding individual, family and population eating patterns (Delormier et al., 2009). A recent review of research has also identified culture as a barrier to change in behavioural lifestyle factors among migrant South Asian populations (Patel et al., 2012). It is necessary to comprehend how patterns of eating are negotiated and contested within families in order to understand the varying implications for health (Valentine, 1999), so that unhealthy eating at a household level can be addressed.

Previous research has emphasised the need to explore decision-making regarding food and eating practices as a shared and negotiated process between different family members, particularly in multigenerational households (Kaplan et al., 2006, Bassett et al., 2008, Valentine, 1999). The gendered nature of food work has also been highlighted (DeVault, 1994). Finally, comparing the perspectives of different family members belonging to the same household may not only facilitate our understanding of the relationship between food and health (Landman and Cruickshank, 2001), and food and ethnic identity, but also shed some light on the influence of different intergenerational socialisation processes.

Although food-related research has been undertaken among the South Asian population in the UK, including the recently conducted family-based PODOSA trial (Bhopal et al., 2014), the majority of published literature uses either quantitative techniques without exploring the reasons for adopting particular dietary practices

(Anderson et al., 2005, Anderson and Lean, 1995, Wyke and Landman, 1997), or focuses on the individual level of analysis (Bush et al., 1995) or from a particular disease perspective (Lawton et al., 2008, Astin et al., 2008, Anderson et al., 2005) rather than the family perspective (Bush et al., 2001, Wyke and Landman, 1997). Furthermore, there has been an emphasis on food as it is used for hospitality (Bradby, 2002, Bush et al., 1998) rather than the everyday diet of this migrant population. The implications of food and family research for nutrition and dietetic practice have also been highlighted in a review of published research (Coveney, 2002). The noticeable gaps in the existing research inform the aims and research questions of my study, the results of which will be used to develop recommendations for policy, practice and future research.

This study explores several key issues related to the dietary practices of Pakistanis living in Scotland from a multigenerational perspective and provides new understanding and insights for developing effective strategies to enhance their health-related quality of life. Chapter 2 provides a review of relevant literature and identifies the gaps in existing research which provide a rationale for my study. In emphasising diet as an important modifiable risk factor for non-communicable disease, this review of the literature also highlights the complex interactions between food, identity and culture. The journey of the initial Pakistani migrants as they moved from Punjab Pakistan to live in the UK several decades ago is given as a backdrop to understand their current living and eating practices. The chapter concludes by stating the aim and outlining the three overlapping research questions of my study. Chapter 3 provides details of the methodological considerations and methods used in this research. It also includes a reflexive account of how my own position as a Pakistani Muslim who is also a mother and trained health professional, affected the overall study, from the process of conceptualisation to the end. Chapter 4 gives a brief overview of each of the families who participated in the study, using family trees to introduce members of different generations, their relationships with each other and living arrangements. It also identifies the individuals within each family who were interviewed. Chapters 5, 6, and 7 describe and analyse the food and eating practices in three generations. Each of these results chapters starts with a general overview of the members constituting the respective generation, followed

by a description of a typical day in their lives in relation to food and eating. The themes emerging from the analysis are then described and illustrated with relevant quotes. A summary towards the end of each chapter highlights the salient findings, which are also considered in the detailed discussion later in the thesis. The final Chapter 8 provides an overall discussion of these findings. The emergent and overarching themes are discussed in light of the existing literature, with reflections on the strengths of the study and its contribution towards the existing body of knowledge. The limitations of the study are also critically examined. Highlighting the relevance of the study to the current debates on dietary measures as a key to prevention of nutrition-related NCDs, the thesis concludes by outlining recommendations for policy, practice and future research.

Chapter 2 Literature Review

2.1 Overview

This review of the literature focuses on several key themes and issues which are relevant to understanding the food and dietary practices of South Asian families, and more specifically those of Pakistani origin, who live in the UK. It is organised in such a way to provide a rationale for my study and aim research questions, by first setting the scene and the reasons why this research was considered necessary. After describing the relationship between food and the global epidemic of non-communicable diseases (NCDs), I focus on migration in general and its effects on the health of South Asian population living abroad i.e. outside South Asia. A description of the various transitions that Pakistani families who migrate experience over time is followed by a consideration of what previous research has revealed about the types of factors that affect everyday food and eating practices, and the nature of their impact. These include culture identity, religion, gender norms and food chores. I conclude by emphasising the need to look at the intersection of food, family and health, as well as exploring the simultaneous experiences of continuity and change in dietary practices that result when more than two generations from one family live in close contact with each other.

2.2 Epidemic of Non-Communicable Diseases

NCDs pose a grave challenge to the health of populations, although their impacts differ for developed and developing nations (Alwan, 2011). Responsible for almost two-thirds of the deaths worldwide (Ezzati and Riboli, 2012), these diseases include type 2 diabetes (T2DM), cardiovascular diseases (CVD), cancers and chronic respiratory diseases. Public health concern over the massive global burden due to these NCDs is justified due to their increasing incidence and prevalence as well as projected social and economic costs (Clark, 2014). However, as far as global healthcare policy is concerned, they are relatively neglected in comparison to infectious diseases, as evidenced by their absence from the agenda for the 2015 Millennium Development Goals (MDGs) (Fuster and Voûte, 2005).

The fact that a small number of risk factors are responsible for the majority of these NCDs, i.e. tobacco use, poor diet, physical inactivity and harmful use of alcohol

(Friel et al., 2013), provides a compelling argument for focusing on these when aiming to achieve a positive health impact at an individual level. However, it is also recognised that changes in background social determinants (e.g. globalisation, urbanisation and poverty) are also needed (Marmot and Wilkinson, 2005). The summit on NCDs at the UN's General Assembly in 2011 resulted in the "25 x 25 Initiative" (a 25% reduction in premature NCD deaths by 2025) (Assembly, 2011), which was agreed by 194 member states in 2012. This has made addressing NCDs a priority in many national health agendas. However, more concerted efforts towards reducing the risk factors for these are still needed (Geneau et al., 2010).

Research has established that diet is a major risk factor for the four prominent groups of NCDs listed above. However, the way diet interacts with other factors to produce health problems is a complex process. There is evidence that disease vulnerability is enhanced by genetic predisposition and body composition, with obesity indirectly playing a part (Jafar et al., 2004, Misra and Khurana, 2010). In relation to this, shifts in overall dietary patterns around the world towards a diet that is high in saturated fats, sugar and refined foods but low in fibre, collectively referred to as the nutrition transition (Astrup et al., 2008), are also apparent and increasing rapidly (Popkin, 2006). For this reason, the group of NCDs that result from this change in diet are sometimes labelled nutrition-related NCDs (NR-NCDs) to encompass the combined effects of diet, physical activity and body composition (Popkin, 2004).

There is increasing evidence that adult NCDs reflect cumulative differential lifetime exposures to damaging physical and social environments (Darnton-Hill et al., 2004). Unlike other risk factors, the exposure to diet is continuous, beginning in foetal life and continuing into old age, with adverse effects extending beyond a single generation (Popkin, 2006). It has been recommended that as the causes, e.g. stresses, changing lifestyles and environments, act throughout the life course, so must prevention and control (Lynch and Smith, 2005). This is even more pertinent in the light of the demographic transition in most countries, where increasing longevity is resulting in greater numbers of older individuals who are at risk of compromised health due to NCDs (WHO, 2013).

Health disparities, defined as systematic, potentially avoidable differences in health (Braveman, 2006), are evident not only between countries but also within them, depending on the characteristics of a population group. These disparities are not confined to the less developed countries, but are present in industrialised nations as well (Carter-Pokras and Baquet, 2002). Although health disparities attributable to NCDs have become a focus of recent concern, the recognition that they result from a complex interaction between multiple factors including genetic, behavioural and environmental is not new (Greenhalgh et al., 1998). However, as developed countries like the UK continue to adopt the reduction of health inequalities as a policy target (Exworthy et al., 2003), the imperative to view these disparities through a wider lens has led to a new focus upon the life course (Darnton-Hill et al., 2004). This not only acknowledges that the root of adult health problems might occur earlier in life, but also looks holistically at factors that impact on health throughout life and even across generations (Braveman, 2014).

Migration, sometimes labelled as a social determinant of the health of migrants (Davies et al., 2009), has been shown to lead to changes in diet which may increase the risk of NCDs, as evidenced by a review of research on migrant populations in Europe (Gilbert and Khokhar, 2008). As a global phenomenon that affects the lives of individuals and populations, it has also been linked to multiple disparities in health (Castelli et al., 2014). Changes in lifestyle and environment, resulting from the movement of individuals from rural to urban or agrarian to industrial environments, are commonly implicated in health disparities, particularly nutrition-related NCDs, such as T2DM and CVD (Satia, 2010). Research suggests that although some migrants tend to adopt the diet of their new surroundings, they also try to preserve some of their traditional dietary practices (Garnweidner et al., 2012). There is evidence that with increasing migration and urbanisation, dietary changes appear to be shifting globally towards a diet that is lower in fibre and higher in animal and partially hydrogenated fat (Alwan, 2011).

In most cases, the health status of migrants differs from that of the host population and many underlying reasons have been proposed for this disparity. South Asians living in Europe (Holmboe-Ottesen and Wandel, 2012), specifically the UK (Landman and Cruickshank, 2001), have become a focus of concern due to their

disproportionately higher levels of ill-health. In the next sections, I describe their current demographic profile and some of the historical background concerning the arrival of South Asians in the UK in order to provide a context for the subsequent discussion of research on their changing diet and eating patterns.

2.3 Profile of South Asians in the UK

South Asians, i.e. people with ethnic origins in the Indian subcontinent which comprises India, Pakistan, Bangladesh, Nepal and Sri Lanka (Brown, 2006), share many commonalities despite their conspicuous diversity and heterogeneity. According to the 2011 Census (http://www.scotlandscensus.gov.uk/release-2-statistical-bulletin), at 3% of the total population, South Asians are the largest ethnic minority group in Scotland, and around 30% of these are Pakistani. As is found in other parts of the UK, they are mostly concentrated in the major urban areas (Ahmad and Bradby, 2007), exhibit an age profile that is younger than the white population, and have doubled in number since the 2001 Census. Although an extremely heterogeneous group, most of the Pakistanis living in Scotland originated from the province of Punjab, speak Punjabi as their mother tongue, and are Muslims. The religious divide between those originating from the Indian and Pakistani Punjab is most visible in their dietary practices (e.g. halal rules in Muslims and vegetarianism with beef restriction in Hindus) but, as South Asians, they also share certain cultural values and beliefs as part of their ethnic bond.

2.4 Timeline of the South Asian presence in Britain

As the single largest ethnic minority in the UK, the extent and influence of South Asian migration to UK has been theorised as a "reverse colonisation"(Ballard, 2009, Ballard, 2003). South Asian migration to UK can be traced to the late 1940s and 50s, when mass scale emigration from newly independent India and Pakistan coincided with post-war labour shortages in the UK. Punjabi peoples, both Indian and Pakistani, contributed significantly towards this migration, usually in the form of single unmarried men (Shaw, 2000). Usually uneducated and non-English speaking, these men lived together in shared accommodation, worked in factories and sent remittances home to their extended families (Ballard, 1994). Pakistanis only considered bringing their family to the UK after restrictions for entry into the UK came into effect in the 1970s, realising that this was now the only way of their

entering the UK (Peach, 2006). The majority of Pakistanis promptly moved their families into self-owned houses, which in itself was a remarkable change, considering their occupations. These houses were usually in inner city terraces. Wanting to recreate the multigenerational family system from back home in Punjab, they later bought adjacent or nearby houses for their married sons' families. By the end of 80s and mainly in 90s, the transnational marriages of children of the initial migrants continued to increase the size of the community, with 66% of Pakistanis reportedly living in owner occupied houses in 2001 (Peach, 2006). Gradually, the concentration of Pakistanis spread out from the northern industrial towns towards Birmingham and Scotland, with the 2001 figures indicating that 78% of South Asians living in Glasgow were of Pakistani origin (Peach, 2006).

Pakistanis living in the UK are predominantly Muslim, believe in the institution of marriage and have on average three to four children (Shaw, 2007). Maintaining their cultural distinctiveness, marriages are traditionally arranged (Charsley, 2013), usually from the extended family in Pakistan (Ballard, 2003), signifying kinship solidarity and cultural continuity (Shaw, 2000). After migration, in addition to the kinship-friendship base, a common religious and cultural background has helped form interconnected, self-contained, ethnic Pakistani communities in the UK (Din, 2006). The initial migrants strongly identified with a Pakistani and Muslim identity, which was reflected in their lifestyle, including their social networks (Anwar, 1995), and food and eating practices (Devasahayam, 2009).

2.5 The South Asian diaspora within the UK

The term diaspora is often used to describe a population that lives in a land other than that of its origin; where it's social, economic or political networks cross borders or are global, enabling the reproduction of original cultures and the formation of new hybrid identities in new locations (Vertovec, 1997). While it is arguable whether or not the Pakistani population in the UK can be termed a diaspora, they do seem to possess the relevant attributes, including a strong retention of group ties over extended periods of time, a myth of and connection to homeland, and relative seclusion from the local society (Cohen, 2008). Cultural links are still reflected in their everyday lives, particularly those of the older generation, despite their having lived in the UK for decades (Qureshi et al., 2012).

Rural Punjab, where most Pakistanis living in Scotland originally come from, is an agrarian society, where hierarchical multigenerational families based on gender and age are the norm (Ballard, 1982), such an arrangement considered a requirement for maintaining social order. The oldest male is the head of the household, while older females have authority over younger females. Following rules of filial piety, children are taken care of by their parents for as long as they live, and are expected to look after their parents in old age. In the traditional Pakistani and Indian context the multigenerational family has been defined as:

"..the multi-functional group, with all members living under the same roof, eating food at the same hearth, holding property in common, pooling income in a common fund, incurring expenses from the same fund" (Shah and Srinivas, 1973as cited in, Stopes-Roe and Cochrane, 1989).

The typical multigenerational family structure comprises a man, his sons and grandsons, together with their wives and unmarried daughters (Ballard, 1982). Family resources are usually pooled and shared by everyone, and having one hearth or kitchen is the hallmark of the multigenerational family. This view of the family, however, is dependent on the social and economic circumstances of the original agricultural society, many facets of which have eroded over time (Qureshi et al., 2012).

Culture has been defined as a set of practices, behavioural patterns and beliefs that sets a group apart from others (Kittler et al., 2011). As in the rest of South Asia, living as a multigenerational family mirrors the strong culture of collectivism that prevails in rural Punjab, denoting an interdependence of individuals and some collectives e.g. family and nation (Triandis, 2001). Another attribute of this collectivist culture is its vertical and unequal nature. A hierarchy exists within the family in which not everyone is considered to be equal or on par with each other.

This notion of collectivism impacts upon the ways in which Pakistani families live their lives and are organised within the UK. Thus, the situation in Pakistani families is generally contrary to the general "life cycle" approach, in which children move away to a separate household when they start a family. In traditional Pakistani families, sons are a symbol of long-term stability and after marriage are responsible

for the continuity of the family name (Ballard, 1982). For this reason they are never expected to move out into an independent household after marriage. Rather their families are expected to reside with their parents for life, while daughters, on the other hand, are "married off" to become a part of their husbands' extended family (Din, 2006).

Within multigenerational families, the presence of more than one generation can act as a safety net for the whole family, and research shows that reciprocal benefits exist (Biggs, 2007). Relationships in these multigenerational families have been shown to be based on reciprocity, as well as the ability and needs of the individual members (Caldwell et al., 1984). Hierarchies of generation, sex and age are observed to maintain order, as everyone who is relatively higher in the hierarchy is expected to support and care for those below, while those who are lower are obliged to respect and obey all those in a superior position (Ballard, 1982). These ideals, however, are difficult to implement in reality. Furthermore, while increased contact between generations living in the same household can potentially enhance the transmission of family values, changes in the expectations and values of each successive generation can be a source of conflict rather than harmony (Costanzo and Hoy, 2007).

Research shows that, overall, migrant populations experience a cultural change upon relocation, though the nature (and extent) of the change varies between individuals and environments. Two recent reviews of studies on migration and health have found that major lifestyle changes including dietary changes, are evident in populations moving from agrarian to industrialised societies (Holmboe-Ottesen and Wandel, 2012, Rechel et al., 2013), and that the migration of Pakistanis to the UK is no exception. This change in diet, in combination with other factors, has been implicated in the high prevalence of NCDs in this population (Castelli et al., 2014). (See section 2.7).

2.6 Pakistani families in transition

In order to understand the transition that has occurred in the UK over the past few decades to family structure, and the consequent impacts on diet, it is important to first understand the social trajectory experienced by the first migrants. These men

initially lived with fellow countrymen as young single males. They then lived in small houses as single generation nuclear families, and finally reverted back to the multigenerational family system that they were used to living in rural Punjab (Banks and Ballard, 1994) once their sons entered a marriageable age. As indicated previously, the type of housing available to them in the UK did not always allow for more than one generation to live together. Therefore, they either opted for one large house or multiple small ones in the same vicinity, so that their married son's family could live close enough to provide mutual support, maintain frequent contact and take up their filial responsibilities (Peach, 2006).

For the first generation migrants, many aspects of their lives and circumstances changed with the passage of time, along with the "myth of return"(Anwar, 1978). Their children were educated in the UK, and now wanted to compete and work here, despite discrimination. However, most continued to follow their religion and culture, and fulfil their kin obligations (Anwar, 1995). Securing the future of this generation in terms of cultural and religious continuity, in addition to strengthening ties with the family left in Pakistan, now became the older generation's priority.

The marriages of the UK born second generation are generally arranged by their parents and are motivated by the desire for continuity and reconnection with the kin left in the Punjab (Shaw, 2006). This is reflected in the transnational arranged cousin marriages that are believed to offer material, emotional, social, cultural and religious continuity, are much more frequent in the second generation Pakistanis as compared to the first generation (Abdul-Rauf, 1981). Despite criticism of arranged marriages based on their difference with western ideals and disapproval due to the risk of transmission of genetic diseases, cousin marriages remain popular amongst the Pakistani community, more so for male offspring. For the daughter, a spouse who is kin but lives in UK is preferred, so as to ensure she remains nearby. Also, due to the expectations and pressure from the extended family in Pakistan to select someone from home to marry, the first generation of immigrants found it hard to look for a spouse for their children outside their own family (Shaw, 2006).

With regard to housing these larger multigenerational families, rather than living in one overcrowded space many Pakistanis decided to split the family so that single

married couples (plus their children) live in nuclear households, but invariably in closely adjacent houses, constantly visiting each other and providing opportunities to eat and spend spare time together (Ballard, 1982). These families seem to value this partial separation as a means of reducing internal rivalries while facilitating familial reciprocity. Thus, multigenerational Pakistani families living in UK differ in terms of living arrangements from those in the Punjab. In Europe, these two modes of residence are termed co-residence, which implies living under the same roof, and near-residence, which varies from living in the same building to the same street (Isengard and Szydlik, 2012).

It is important to recognise that 'family' is a culturally and socially constructed concept (Holstein and Gubrium, 1999), and that the common British conception of family, namely an aggregation of people who live together under the same roof in a domestic arrangement, does not capture the South Asian experience (Banks and Ballard, 1994, Ballard, 1982). For Pakistanis, this arrangement might be a transient part of the wider family, which also includes the extended family members left behind in Pakistan, as their network of expectations and obligations is more widespread and significant than those of the majority white British culture.

There are several different ways of defining the concept of family. Some refer to it as the unity of interacting personalities, while for others it is synonymous with household, in accordance with the meaning of the Latin word "familia" from where the concept originates (Burgess, 1926). Varying across cultures, defining what is meant by family has proved to be a challenge, evident from there being no consensus definition. However, there is a degree of unity among scholars and practitioners that it is a dynamic phenomenon reliant on the perspectives from which it is being studied. According to Levin, family involves two or more people living in the same household who are related through blood, marriage and/or adoption (Levin, 1999, Levin and Trost, 1992). A Pakistani multigenerational family living in the UK might or might not decide to live under the same roof depending on affordability, family size, inter-dependence and/or a desire for independence. The complex relationships between members of different generations can also determine the living arrangements, as a constant negotiation of rights and privileges occurs within families on a daily basis. As noted earlier, as a result of migration, the

traditional multigenerational family unit was temporarily changed to nuclear, and the second generation was not exposed to the role model of a three generation family (Stopes-Roe and Cochrane, 1989). Changes to the original Punjab family structure was inevitable after migration to the UK, however, it remained the ideal for many individuals. It has also been observed that living as a multigenerational family is more likely among individuals who retain their original cultural traditions to a greater extent (Kamo, 2000).

There is a paucity of information about and research on multigenerational families in the UK. A review of studies conducted on families in the UK and USA revealed that non-nuclear families are often overlooked in the academic literature, as 80% of the journal articles focus on either couples or parents (Pilkauskas, 2012). Similarly, it is not possible to determine the proportion of the population living as multigenerational families from Census data. However, Pakistanis living in the UK have been frequently known to live as multigenerational families, either in the same house, or in separate houses in the same street. The Office of the National Statistics, UK shows that 1% of households in the UK are multi-family, however, no data are available to ascertain how many of these are multigenerational.

2.7 The health consequences of migration

Worldwide, international migration, i.e. the movement of individuals to take up residence in another country, is increasingly linked with a rise in health problems in these populations. Although the apparent "healthy migrant effect" has been termed a paradox linked to selection bias, there is widespread agreement that whatever health advantage migrant populations might bring with them is usually reversed in the next generation (Fennelly, 2007). Also, the diversity of migrant populations and hosting countries make it difficult to generalise this effect.

South Asians living in the UK are no exception in terms of health disadvantage, bearing the highest burden of NCDs in the form of CVD and T2DM (Bhopal, 2009). According to conservative estimates, South Asians experience a four- to six-fold increased risk of developing T2DM, and a two- to four-fold increased risk of ischemic heart disease compared to the local British population (Barnett et al., 2006). This risk is not fully explained by genetic predisposition and is much higher than

their counterparts face in their countries of origin (Weber et al., 2012). Moreover, South Asians develop these chronic illnesses earlier than the majority population, and suffer from complications more frequently. Rapid nutrition and lifestyle transitions have been implicated as contributory risk factors for these diseases, sometimes accelerated by obesity (Misra and Khurana, 2010). A complex interaction of nature, nurture and culture is often held responsible for the increased propensity of developing certain NCDs (Greenhalgh, 1997). However, definitive evidence has emerged on the role of lifestyle factors including an unhealthy diet (Gilbert and Khokhar, 2008) and this is discussed in the next section.

2.8 Diet as a risk factor for NCDs among South Asians living in Europe

Diet is one of the most prominent risk factors linked to the high prevalence of NCDs among migrant populations (Astrup et al., 2008), including South Asians living abroad (Garduño-Diaz and Khokhar, 2012). Due to the strong connections between food and identity, on one hand migrants tend to preserve the food values and traditions of their original culture, while on the other they are challenged by the food norms, availability and economic conditions of the new country (Carlson et al., 1984). Complex interactions between these two factors usually result in dietary changes that become more evident with the passage of time (Landman and Cruickshank, 2001). This loss of traditional food patterns and the adoption of new and sometimes bi-cultural food habits, is considered to be part of the overall acculturation process (Cleveland et al., 2009). Others argue that in addition to dietary acculturation, this dietary change is driven by the overall global trend of enhanced access to and intake of processed food, collectively termed nutrition transition (Popkin, 2004, Astrup et al., 2008). Regardless of the specific process, there is a consensus that the diet of migrant populations does change and rarely improves (Lesser et al., 2014).

The case of South Asians migrating to Europe has been highlighted as a particular cause for concern, due to the higher prevalence of NCDs such as T2DM (Jafar et al., 2004) and CVD (McKeigue et al., 1989) in this group. While the age-adjusted prevalence of T2DM is 8% in Pakistan, it is 20% in British South Asians (Gholap et al., 2011). Changes in diet after migration have been established as a contributory factor in this ethnic group, either on its own (Garduño Diaz and Khokhar, 2012), or

in combination with higher obesity, particularly the accumulation of fat in the lower abdomen. Though the pattern of dietary change after migration is complex, the main trends are a substantial increase in energy and fat intake, a reduction in carbohydrate, the substitution of whole grains and pulses with refined carbohydrates, and thus a reduction in dietary fibre (Holmboe-Ottesen and Wandel, 2012). Intake of dairy foods and meat is also increased. Consequently changing the diet has therefore been identified as an important strategy in the prevention, management and control of these health problems (Nishida et al., 2004). A review of 150 studies conducted with South Asians living abroad found that westernisation, acculturation, socio-economic status and lack of knowledge about T2DM contributed to their development of this disease, reiterating the fact that South Asian ethnicity itself increases the risk of developing the disease many-fold (Garduño-Diaz and Khokhar, 2012).

There is evidence that in terms of nutrition-related health disparities - differences in dietary intake, dietary behaviours and dietary patterns resulting in poorer dietary quality and inferior health outcomes (Satia, 2010) - Pakistanis in the UK fare no differently than other South Asian migrants (Vyas et al., 2003, Jafar et al., 2004). Indeed, a high fat diet, combined with lack of exercise, has been associated with excess mortality due to cardiac disease among Pakistanis living in the UK (Kuppuswamy and Gupta, 2005). The preventable nature of NCDs thus makes it even more essential that the potential of dietary interventions is fully explored (Misra et al., 2009).

2.10 Changes in the diet of the South Asian diaspora

Many studies across Europe and North America have explored the relationship between food and NCDs in populations of South Asian origin, and have found that dietary acculturation and nutrition transition lead to adverse health effects. However, the extent of change observed depends upon the differences between the stage of nutrition transition in migrants' homeland and their current location (Holmboe-Ottesen and Wandel, 2012), highlighting the need to explore further the influence of such contextual factors.

In South Asia, particularly rural Punjab, the diet typically consists of three hot meals a day, spaced according to daylight hours, comprising roti (flat bread made from wholemeal flour), and salan (curry made from either lentils, vegetables or meat). Butter is neither readily available nor used in the everyday diet, however, it is converted into ghee (clarified butter) to increase its shelf life, and is used sparingly at the start of cooking or for spreading on roti (Misra et al., 2009). Traditional sweet dishes and rice are reserved for special occasions and brown sugar is occasionally used, while access to meat and fresh fruit is limited.

South Asian population living in Europe has undergone a process of migration, and the resulting change in diet is the result of a mixture of retention of older dietary habits and uptake of newer ones from exposure to new cultures. Two such processes namely nutrition transition (a global trend), and dietary acculturation (occurring after migration) are considered to be drivers of dietary change in migrant populations. It has been postulated that the nutrition transition in the country of origin can impact on the dietary acculturation after migration in several ways (Holmboe-Ottesen and Wandel, 2012). If energy rich and highly processed foods are status foods in the country of origin, then it is highly likely that their consumption will increase after migration, especially if they are more available and accessible. On the other hand, if the transition is more advanced in the country of origin, the change might not be significant. Pakistanis migrating from rural Punjab to urban areas of the UK fall into the former category, and hence change is expected and evident in their dietary practices.

After a review of literature, I refer to two models which have been specifically proposed to describe the process of dietary acculturation in migrant populations. In the first, demographic and socioeconomic factors are thought to combine with the cultural heritage of the migrant population to influence exposure to new foods, and this gradually leads to changes in procurement, preparation and tastes of foods (Satia-Abouta et al., 2002). The second model, developed through studying Turkish immigrants in Sweden, categorises foods into staple (carbohydrate, fibre rich), complimentary (legumes, meat, fish, eggs, vegetables or milk/cheese) and accessory (fats and oils, herbs and spices, sweets, nuts, fruits and drinks), and postulates that the dimensions of identity and taste are mediating factors for

changes in diet (Koctürk-Runefors, 1991). Staple foods, strongly linked with identity are expected to be more resistant to change, while accessory foods, those used for taste and presentation, are likely to change quite early on.

A review of research conducted over the previous two decades identified changes in the food intake of South Asians living in Europe, irrespective of which of the above models is applied. The staple of roti or chappati made from wholemeal flour still exists in the evening meal of the first generation of migrants, but has disappeared from the diet of the subsequent generations, replaced by bread or roti made with white flour (Gilbert and Khokhar, 2008).

Two studies of Pakistanis living in Norway also identified significant changes in their diets since migration. This is of concern as the 2000 Norwegian national health survey found an increased prevalence of obesity and gestational diabetes among Pakistanis (Holmboe-Ottesen and Wandel, 2012). The first study, which involved focus groups with 25 Pakistani women in Oslo, described changes in the form of fewer and more irregular meals (only 7% followed the original 3-meals-a-day pattern), the introduction of energy-dense foods, and the concentration of energy intake to later in the day (Mellin-Olsen and Wandel, 2005). Factors perceived to be responsible for these dietary changes ranged from personal (including health and personal belief), familial (such as children's preferences), to environmental (such as work schedules, seasons, climate and access to foods). The second study involved analysis of data obtained from Oslo Immigrant Health Study regarding 629 (30-60 years old) Pakistani and Sri Lankan individuals living in Oslo. Results indicated that consumption of margarine, fizzy drinks and fast food had increased upon migration, while consumption of fruits, vegetables, and fibre had decreased (Wandel et al., 2008). Both studies highlight the need to study specific populations in order to inform interventions to change their diets.

Finally, the increased consumption of oil and butter as well as meat has been implicated in increasing the risk of T2DM and CVDs among South Asians living in Europe (Misra et al., 2009). Both butter and meat are status foods in South Asian rural populations, and a rapid increase in their intake is observed after migration to urban areas and developed countries (Landman and Cruickshank, 2001). A similar

preference for butter was seen in focus group research among South Asians living in California, as part of a 3-year participatory project to assess perceptions of cardiovascular risk (Kalra et al., 2004). The results reflected a resonance with cultural preferences, as food was equated with nurturing, and reducing the use of butter or full-fat milk was considered to be equivalent to depriving family members or themselves. Food rich in sugar and fat offered in social situations was reported to be difficult to decline. Modifying the traditional diet was seen as more acceptable than changing it altogether, and the intergenerational gap between older and younger women in the same family was a perceived barrier to change in diet (Kalra et al., 2004).

2.11 The diet of South Asians in the UK

Over the past few decades several studies have investigated the diet of South Asians living in the UK, and have found varying combinations of old/traditional and new/modern practices. One of the earliest studies used a recall method to document every five weeks the diet of pregnant women (Hindu, Sikh, Pakistani and Bangladeshi) attending a maternity hospital in Birmingham (Wharton et al., 1984). Dietary changes were evident even then, as first generation Pakistani women reported eating an 'English' style breakfast of cereal or porridge, and preferred butter as a spread. However, chapatti/roti and paratha along with meat and sometimes eggs were still eaten at a main meal. Fruit was also popular, and the overall energy intake of Pakistani women was between that of Indian and Bangladeshi women.

A later comparison of dietary practices between local and South Asian participants in Coventry again revealed cultural influences, including those related to region, religion, acculturation and uptake of health messages (Simmons and Williams, 1997). Fat content was high, and flexible meal timings were observed, with the main meal eaten in the late evening.

Excessive use of fat in the diet of Pakistanis in the UK has been repeatedly documented, not only more than the recommended daily amount, but also more than that used by other ethnic minorities in the UK such as Italians (Anderson et al., 2005). There are several reasons for this high fat intake. Traditional dishes in

Pakistani cuisine require using butter and ghee to get the right taste (Kassam-Khamis et al., 1995), and with increasing affluence, individuals tend to eat a higher fat version of the same recipe, sometimes without realising the extent of their intake. Multiple uses of fat include frying spices and onion in curried meat and vegetable dishes, deep frying snacks, as a spread for roti/ breads and preparing pickles (Joshi and Lamb, 2000). A large amount of fat was recorded as being consumed by students as well as employed individuals in London (Joshi and Lamb, 2000). A 24 hour dietary recall of a typical day revealed that fat was ingested in meat curries as well as in hidden forms such as butter in sandwiches, baked potatoes and bread, with the latter perceived to be healthy, fibre rich food.

2.12 Dietary change in response to chronic disease

The adverse changes in the diets of South Asian and Pakistani migrants described in the previous section highlights the importance of developing effective primary prevention approaches, through dietary change, to reduce the risk of NCDs in apparently healthy individuals. Dietary change is also important as a secondary prevention approach among people who have already developed nutrition-related NCDs. However, in order to make such changes, people with NCDs need to have an understanding of the benefits of dietary changes, and the motivation and skills to undertake these.

As early as in the 1980s, health professionals were aware of the higher rates of CVD and T2DM in South Asians living in the UK, however, public awareness was more variable. A study conducted in Glasgow in 1984 found that two-thirds of the respondents, mainly Punjabis, were aware that heart disease was preventable, but only a quarter could identify the risk factors (Bhopal, 1986). In contrast, a qualitative study conducted in 1994 in London reported that South Asian people identified several causes of heart disease, and believed that controlling food intake was a means of prevention (Sevak et al., 1994). Another study conducted in Leicester and London also reported that knowledge of the risk factors for heart disease was present among the South Asians interviewed. These contrasting results were attributed to, among other factors, differences in geographical areas as well as problems with sampling frames and barriers to accessing ethic minority populations (Hughes et al., 1995).

More recently, the lack of understanding of both risk factors and ways of preventing diabetes and cardiac disease among South Asians living in the UK was highlighted in a cross-sectional survey using snowball method of recruitment (Rankin and Bhopal, 2001). In this survey, one third of those diagnosed with T2DM could not name any risk factor, while more than a quarter of respondents (28%) did not understand the term "diabetes". The study also found that a majority of South Asians related T2DM to the amount of sugar eaten by the individual, and frequently referred to T2DM as "Sugar" or "illness of sugar".

A recent review of qualitative research on the health beliefs of UK South Asians related to lifestyle diseases also found that the South Asians lacked an understanding of the relationship between lifestyle and disease (Lucas et al., 2013). Instead of acknowledging personal responsibility, South Asians attributed the presence of disease to factors such as heredity, stress and pollution, as well as excessive sugar and fat in diet. In a qualitative study exploring lay perceptions of the disease, first generation Indian and Pakistani patients attributed the presence of T2DM to the will of God and the change in environment through migration to the UK (Lawton et al., 2007). The study concluded that both micro (everyday) and macro (cultural) level contextual factors and experiences affected perceptions of the risks for T2DM. These results contrasted with those in a similar study in the UK involving focus groups with Bangladeshi individuals without T2DM, religious leaders and health care providers (Grace et al., 2008). This study revealed that the Bangladeshis were knowledgeable about T2DM, acknowledged personal responsibility for prevention and control of T2DM, and were often able to align these with the religious teachings of Islam. However, in common with other South Asian groups, they struggled to make the requisite dietary changes. The reasons commonly cited, especially among the older generation, were prevalent community norms of hospitality, and a high importance to family norms.

Other research studies have also revealed that making a change in diet in response to illness is perceived to be difficult by South Asians. A focus group study conducted in the UK explored South Asians' knowledge and attitudes about lifestyle risk factors for coronary heart disease (Farooqi et al., 2000). The study found that the inability to change diet was linked to cultural factors including lack of

knowledge about cooking healthily, taste and familiarity. A recent review similarly identified an inability to sacrifice taste as a barrier in making food-related lifestyle behavioural change in migrant South Asian populations (Patel et al., 2012).

Experiences of cardiac rehabilitation were compared in White-Europeans and South Asians a few years ago (Astin et al., 2008). The participants included those who had experienced a heart attack during the past month and their carers. The study found that it was harder for South Asians than the white local population to adopt healthier options. The reasons for finding this change difficult included the need for separate meal preparation which was perceived to be an extra burden on the carer, and a change in the taste of recommended foods. The influence of gender roles and family structure was also evident. Females appeared more willing to make an effort to change the family diet for the sake of their husbands' health, while they were not willing to do the same for their own ill health. Also, in case of extended families, resistance to change in diet was sometimes encountered by the older female member in the household.

Another study which compared the illness beliefs of South Asian and European patients with coronary heart disease, found that perceived causal attributions influenced lifestyle changes (Darr et al., 2008). Interviews with 65 South Asian individuals, 20 of whom were Pakistani Muslims, revealed that the latter were the least likely to know any specific cause of their illness. The South Asians in general and Pakistanis in particular, were more likely to contextualise their illness in relation to religious beliefs. Although the majority thought that they had no personal control over illness, the presence of illness was considered to indicate that they had not looked after their health. Relating to their Muslim faith they believed that the timing of death was pre-determined.

Although dietary management has been identified as central to managing T2DM, including regulation of both blood sugar and body weight, it has often been documented as a barrier to good control of diabetes in the South Asian community (Patel et al., 2012). A recent qualitative study explored the food and eating practices of Pakistani and Indian patients with T2DM in order to identify the barriers and facilitators to dietary change (Lawton et al., 2008). Among the 32 respondents, 23

were of Pakistani origin and 9 were Indians. Most were in their 50s or 60s and had migrated to the UK. Overall, the respondents expressed their attachment to traditional food, especially roti, as a major reason behind their inability or unwillingness to change their diet. This was despite their perception that traditional foods were detrimental to health, based on health care provider advice. The respondents also equated consuming roti with their South Asian identity, and stated that they found it very hard to let go of eating traditional food. Some food items were favoured due to their perceived strength-giving properties. The cultural norms of commensality and sharing food also made it difficult for the respondents to adhere to any dietary changes on social occasions, even if they had attempted to make some changes at home. These cultural norms included communal cooking for the whole family, and communal eating by all family members as well as guests. Some respondents said that they had resorted to reducing the amounts of roti instead, as a way of balancing health and social commitments, and consequently felt weak and hungry. The study highlighted the cultural and social reasons for non-compliance with dietary change advice among individuals with T2DM. It also concluded that health promotion interventions should be directed at the whole family rather than the individual with T2DM, as many family members are involved in food provision and preparation.

Thus research conducted over recent years reveals that diet-related modifications in lifestyle are considered difficult by South Asians living in the UK, even among those who have been advised to do so for health reasons. The next section explores two different projects aimed at preventing cardiac disease and T2DM in which dietary modification was one of the major components. These studies give further insights into the challenges faced by South Asians in making dietary changes.

2.13 Dietary modification interventions for disease prevention

This section describes two health promotion interventions, the Khush Dil Project and the PODOSA trial, both of which were conducted in Scotland and aimed to prevent chronic illnesses in South Asian's through changes in diet. "Khush Dil" means "happy heart" in Urdu, and was an action research project set up in Leith, Edinburgh in 2002, for the South Asian population (Netto et al., 2007). The service

consisted of three strands: a nurse led community-based CHD clinic, dietician led nutrition workshops to help participants modify their diets, and work with the local community to establish healthier lifestyles including increased physical activity. The project aimed to increase the uptake of CHD prevention services as well as develop expertise to meet the needs of the South Asian community. Focus groups were conducted twice with different groups of the South Asian project participants. Most participants had migrated to the UK as adults. In the first round of focus groups, many indicated an understanding of the risks for heart disease including obesity and an unhealthy diet including eating late in the evening and moving away from a traditional diet to convenience meals and snacking. In the second round of focus groups, after the intervention, participants reported making changes in their eating habits including cutting down on red meat, salt, fat and "mithai" (sweatmeats). However, persistent barriers to making changes in their own and their family's health were also identified. These included long working hours for men, and caring responsibilities for women, which made less time available for exercise. The difficulty of using less fat in food preparation was also expressed, reflecting cultural attitudes on what was considered to be visually attractive and tasty food. Furthermore, the cultural notions of relating overweight with health and prosperity, especially for children, was reported as an inhibitory factor in changing everyday diets. The project recommended that in order to be successful, health promotion messages should be made more culturally sensitive. Targeting underlying barriers such as caring responsibilities, in addition to the more obvious issues such as language barriers was recommended for South Asian communities.

Recently the results of a 3-year family-based cluster randomised control trial called the Prevention of Diabetes and Obesity in South Asians (PODOSA trial) were published (Bhopal et al., 2014). Eligible individuals from 156 families (106 of them were Pakistani), living in Glasgow or Edinburgh, took part in this trial. The inclusion criteria were primarily based on the level of risk for developing T2DM (all those included were over 35 years of age, had impaired glucose tolerance (IGT) or impaired fasting glucose (IFG), a waist circumference equal or above 90 cm for men and 80cm for women). In addition, all participating families had to include the person considered to be the main cook in the family, based on the assumption that

the cook plays a key role in modifying food and eating in families. Over three years, intensive sessions with the dieticians (15 and 4 contacts per family in intervention and control group respectively) were scheduled. The home setting was selected as part of cultural adaptation of the trial (Wallia et al., 2013, Morrison et al., 2013). The primary outcome was changed from diabetes prevention to weight loss (originally planned as secondary outcome) due to a lower than intended recruitment of participants. The trial had a modest success, with an average individual weight loss at three years of 1.5 kg among the intervention group. A small scale qualitative component of found that although patients did seek advice and improved their physical activity, the change in diet was limited by community and faith restrictions, including long working hours and domestic commitments (Morrison et al., 2013). Many participants felt they could not adhere to the dietary advice, sometimes given subsequent to their diagnosis of T2DM, as they wanted to prepare and share special foods with their visiting family members at weekends and/or special occasions. Others felt the trial did not cater for the needs of individuals with more international tastes. Overall, the study concluded that the South Asian participants did not necessarily prioritise their own health over other factors when making lifestyle decisions, despite knowing the risks and how to reduce these. It also suggested that there was a complex pattern of intergenerational dietary acculturation after migration.

The findings of the PODOSA trial and a recent review of other research on ethnic minority populations in Europe has indicated that culture plays an important part in defining the food landscape (Garnweidner et al., 2012). In order to understand food practices it has been recommended that further insights should be gained into the way in which culture influences and informs food-related behaviour at the individual and community level, particularly among migrant populations such as South Asians living in the UK (Holmboe-Ottesen and Wandel, 2012).

2.14 Identity and culture influencing food intake in South Asians

With the increasing recognition in the literature that culture defines and influences interpersonal relations, both externally in the form of behaviour and internally in terms of how meanings and interpretations are constructed, academics have dichotomised the conceptualisation of self, typically contrasting the Western and

South Asian cultures. For Dumont (Dumont, 1992), the former is characterised by individualism (i.e. the individual is of paramount value) and the latter by holism or collectivism (i.e. the society or group is paramount) (Hermans and Kempen, 1998, Darwish and Huber, 2003). The concept of individualism regards relationships as competing with personal needs and that group pressures interfere with personal goals. Collectivism, on the other hand, is a sense of self which is more fluid, and incorporates a way of thinking about the self in relation to others such that personal needs and goals are always considered in relation to others (Darwish and Huber, 2003). This collectivism/holism is visible in many spheres of the daily life of South Asians. It is particularly evident in the way that marriage is regarded by Pakistanis as more of a union between two families rather than two individuals (Shaw, 2001). For Pakistanis, collectivism is the guiding principle underlying the desire to live as multigenerational families, as well as many of the food-related behaviours such as commensality.

The strong links between food and identity have been known for a long time, but they are intensified in the case of migrant populations. Several studies on South Asian populations have concluded that they use food to construct their identity though to varying extents (Jamal, 1998, Wyke and Landman, 1997). As described earlier, a recent qualitative study conducted in Edinburgh, UK, involving 23 Pakistani and 9 Indian individuals with T2DM showed that they had a strong sense of cultural identity in relation to food (Lawton et al., 2008). These respondents were adamant that they would continue with their traditional meal of salan and roti for the evening meal for cultural reasons, and valued eating with their family as a cultural and religious tradition. Despite receiving dietary advice from their health care provider about cutting out certain foods, and also perceiving their own (traditional) food as detrimental to controlling T2DM, they continued eating it because they believed it was strength giving and hard to let go of. This study highlighted the challenges faced by South Asians in reconciling their cultural identity with the dietary advice given by the health care providers.

Another study involving 40 first generation Bangladeshi individuals with T2DM, combined in-depth interviews and participant observation of meals (Chowdhury et al., 2000). The study found that there was heterogeneity in food choices, dependent

on the access and availability of specific foods as well as cultural factors. Changes in diet related more towards increasing items from the Pakistani 'special' food menu, rather than incorporating items from the western diet. In addition to religious restrictions, foods were classified based on strong/weak and digestible/indigestible categories. Individuals recognised the link between food and health, and demonstrated a desire for dietary balance. The study highlighted the influence of culture on food choices, and recommended that the constraints within which individuals made dietary choices should be acknowledged and reflected in all food-related advice.

2.15 Gender roles within families

Food activities are an integral part of everyday family life (Gregory et al., 2006). The role of women as gatekeepers of food within families has been both acknowledged and criticised in the literature (McIntosh and Zey, 1989). In most cultures, including Pakistanis living in the UK, women are primarily responsible for food preparation. However, it has also been documented that this gatekeeper's agency is limited, due to the cultural norm of privileging other family members', namely males' and children's, food preferences. Within Pakistani culture, the traditional gender roles are such that women are responsible for domestic work, looking after the household, while men are primarily breadwinners (Shaw, 2007). The women's role is made more complex by the presence of a mother-in-law, as the latter has authority based on her age and elderly status (Ballard, 1982). Furthermore, in migrant families, particularly those containing daughters-in-law belonging to the extended family in Pakistan, maintaining cultural continuity and kin-keeping are also considered to be the daughter-in-law's responsibility (Shaw, 2006).

Many differences are discernible between first and second generation Pakistani women living in the UK. Lack of education, inability to speak English, observance of religious purdah (religious segregation between the two sexes) and gendered household expectations have restricted the involvement of first generation Pakistani women in the labour force. Culture and religion both reinforced traditions around gender and generational hierarchies, and were respected and adhered to by most of the first immigrant Pakistanis, who expected to lead to a harmonious, cohesive family life (Ballard, 1982). However, although a Pakistani woman is identified

through her association with influential males, either father or husband, her relationship with the mother-in-law has always been depicted as problematic. Both compete for the performance of similar roles of kin-keeping and caring, part of the gendered expectation from their families, and the society at large (Ballard, 1982), as is seen in other eastern cultures (Shih and Pyke, 2010). This conflict has been shown to be a source of constant negotiation, even on day-to-day issues, particularly those related to childbearing and shared living space. Their roles can also vary due to the added stress of the differing circumstances created by the migration process. Financial issues, differences of opinion on household tasks such as meal preparation, parenting and work outside the house can further increase the friction between these two generations (Banks and Ballard, 1994).

The daughter-in-law role has been explored in several family studies in western countries where it has been described as "the woman in the middle" (Brody, 1981) and also "the sandwich generation" (Riley, 2005), referring to cases where the responsibility for both parents and children lies with the middle generation. Although there are similarities with the South Asian culture, there are also several important differences. Islam promotes complimentary but relatively polarised roles for men and women in the marital relationship. While men have a primarily breadwinner role outside the house, the women are primarily responsible for childrearing and transmission of cultural and religious values. In this respect, Pakistani culture is congruent with Islamic values. The pivotal roles taken up by Pakistani women are those of a daughter, wife, mother and housewife, mostly within the confines of the household, and culturally she is expected to be self-sacrificing in favour of the larger interest of other family members (Stewart et al., 1999). It is important to note that Islam does not prohibit women from gaining economic independence, as long as it does not compromise her primary role and it does not shift the financial responsibility for the family from men.

Indeed, among first generation migrants to the UK, women often had to take up part-time work outside the home, sometimes as waged worker or a substitute/ helper shopkeeper, with others sewing clothes at home as outworkers (Ballard, 1982). They were expected to shoulder the full responsibility for household chores in addition to being obedient wives, dutiful daughters-in-law, nurturing mothers

and self-sacrificing caregivers, in keeping with the culture of holism which puts others in the family before the self. All these demands, in the absence of domestic help and extended family networks, have been shown to hinder women's ability to perform the preferred traditional roles and to adversely affect their health and wellbeing (Grewal et al., 2005). However, keeping in close contact with other community members helped to compensate for the lack of resources, and generally these women contributed to the upward social mobility of most families (Ballard, 2003).

2.16 Women as gatekeepers of family food

Food and other forms of consumption within the family are also used to create a sense of self, and this performance aspect has been identified as "doing family"(DeVault, 1994). Considered a pioneer in this regard, DeVault's work explored feeding as a function of nurturing the family and describes how this activity is heavily gendered. In her classic book about feeding the family as a social organisation, she describes three types of food-related activities, namely, provisioning, processing and feeding. For the purpose of my research I have used an adapted version of these food chores which also includes eating. The four food chores are thus provisioning, processing, feeding and eating. Provisioning includes the procurement of food items, processing denotes making food palatable through some form of cooking or cutting process. The latter two stages of food consumption can be differentiated by the fact that feeding is for others, while eating is mainly for the self, depending on the individual concerned. These four chores are not mutually exclusive, but they provide a framework to help understand food-related inputs, processes and outcomes.

Another concept that is relevant to the four food chores and role of women in family food is that of the gatekeeper. The concept, first originated by Kurt Lewin in the 1940s, stated that food, like other consumables, passes through a channel to arrive at the table, and the woman of the house is the key influence on this (Lewin, 1943). In his study of 107 housewives, Lewin found that women controlled which foods were eaten, a notion which continues to this day. This role of gatekeeper was in keeping with the overall concept of domestic life and the centrality of meals in the family. This concept was also highlighted during World War II in the US, when the only

solution to the protein-related nutrition crisis was for the population to eat organ meats (Wansink, 2006). The Committee on Food Habits of the National Research Council met under the guidance of Margaret Mead, an eminent anthropologist, to find ways of educating people about this. Research was conducted to reach a consensus on whether the man, woman or entire family should be educated. The research showed that although women sought their husbands' and children's approval and prepared foods that they liked, the husband and children were willing to eat everything that they were served. Based on this important insight, the Committee focused all its attention on women as the "nutritional gatekeepers" (Mead, 1943).

Although in most cultures, women are still generally considered to be the gatekeepers of family food, there has been much criticism of this stereotyping (McIntosh and Zey, 1989). Most of this criticism is based on changing gender norms, the continued financial superiority of the male head of the household, and the increasing impact of children's food choices on family meal preparation. While discussing the issues of differential authority and power among members of a family, these authors recommended small scale studies on families to identify the gatekeeper of family food, and also to take into account the extent and ways in which other members and situational factors influence this role.

Within South Asian culture, women are predominantly associated with all food-related activities in the household, a task that they perform in addition to other domestic chores. However, in case of multigenerational families, the presence of two females in the home makes the situation more complex. Usually the daughter-in-law performs the food chores, while the mother-in-law assumes the supervisory role, but with constant negotiations around the gatekeeper role. Migration to an industrialised country like the UK can provide another layer of complexity to this gatekeeper role, since many types of changes occur, both in gender and family roles, as well as the foods that are eaten. The next section considers research on families and food which has explored this generational aspect.

2.17 Generational differences in food in South Asians living in the UK

Relatively few studies have explored food and eating practices in multigenerational families. A study conducted in Bradford involved 37 British-Pakistani individuals, who were mostly from the older generation who had come to the UK as adults (Jamal, 1998). The findings confirmed that migrants tend to maintain traditional eating habits, as traditional meals were reportedly cooked at least once a day in respondents' homes. In contrast, while the younger generation considered traditional food as spicy and filling, they only wanted it a few times a week and preferred English meals. The older generation thought that English food was bland. However, both generations perceived English food to be healthier than their own.

A quantitative study which compared the macro-nutrient intake of first and second generation South Asian and Italian women with that of the general population found that South Asians had a higher percentage of food energy derived from fat and saturated fat than other groups (Anderson et al., 2005). These differences were significant only between first generation South Asians and Italians. A clear convergence from first to subsequent generations of both South Asians and Italians in fat intake towards that of the general population was also observed.

Another study explored diet and cooking among young people and their South Asian parents living in Scotland (Wyke and Landman, 1997). Focus groups and semi-structured interviews were conducted with 93 participants. The ways that the older generation and their adolescent children perceived food was found to be very different, and depended on their exposure to and understanding of traditional and modern cultures. Although an eclectic diet was generally reported which incorporated elements of traditional and Western foods, there was a clear preference for traditional foods by the older generation, especially for the evening meal. Furthermore, all non-traditional foods were labelled as British or English, and these mainly comprised fast foods. The authors recommended that health promotion initiatives should capitalise on the preference for the traditional South Asian diet by encouraging healthier versions of this and a varied diet, while also addressing the needs of those preferring to eat a more eclectic diet.

2.18 Conclusion

This review of the literature has highlighted the importance of the South Asian experience of migration and settling in the UK in understanding their current diet and food preferences. It has also described the need for research on food and eating practices in this population, in view of their increased susceptibility to NCDs, and changes in diet after migration which can increase their risk of several NCDs. Religious restrictions around food and other cultural norms are also known to differentiate the diet of Pakistanis from other South Asians. In particular, the review has revealed that while there is a wealth of research on dietary practices in the South Asian diaspora in general, and South Asians in Europe and UK in particular, the family and multigenerational aspects have been neglected. Numerous barriers to making dietary changes recommended for both the prevention and control of chronic illnesses have also been identified. Although the social nature of eating has been recognised by research, few studies have explored the factors impacting on food and eating within multigenerational families.

Where three generations of South Asians live as multigenerational families, interplay of several factors is likely to have had, and continue to have, an impact on their food and eating practices. These reflect continuities and changes in more traditional diets and behaviours, due to the migration experience of the older generation, and differential exposure to the new host culture by the subsequent generations. Importantly, diet is one of the modifiable risk factors for all NCDs, and in light of the increasing risk of developing these NCDs among this population group, more insight is needed to prevent their incidence in current and future generations. This qualitative PhD study is one of the first studies to explore what members of different generations in multigenerational Pakistani families eat and why they eat as they do. The evidence provided by this study will contribute towards formulating recommendations for improving the health of Pakistani multigenerational families living in the UK, including individual members of different generations.

2.19 Research questions for my study

Based on the gaps in the literature, my research study aims to explore the food and eating practices of multigenerational Pakistani Muslim families living in Edinburgh.

It endeavours to fill an existing gap in the literature by seeking to answer the following overlapping research questions:

1. What are the various food practices (provisioning, processing, feeding and eating) within multigenerational Pakistani households living in Edinburgh and how do members of different generations contribute to each of these?

2. What are the meanings and understandings that different family members (of different genders and generations) attach to the various types of foods eaten by them?

3. How does being a member of a multigenerational family influence, inform and impact on everyday eating practices?

The next chapter will detail the methodological considerations and methods employed in the course of the study to explore these questions.

Chapter 3 Methodology

3.1 Introduction

This chapter outlines and details the methodological issues that arose during my research, from conceptualising my research questions to writing up. I start by introducing myself briefly, as who I am has influenced the research process throughout my PhD. I am a Pakistani Muslim woman who was born and brought up in Pakistan, and I am married to a Pakistani Muslim. While carrying out a compulsory year of rural health practice early on in my career as a medical doctor, it dawned on me that my formal training was not enough to improve the health of the Pakistani population, and that the solution to some of most apparent health problems could only be found in public health. The quest to do more led me to obtain two Masters of Public Health degrees, one in Pakistan and the other from the Karolinska Institute, Sweden. Thereafter, I taught Public Health at a University in Pakistan, and chose to broaden professionals' understanding of Public Health issues through my teaching on the Master's Programme.

While working in the Public Sector health care delivery system in Pakistan, I had to acknowledge that curative medicine needed to be a funding priority, because, like other developing nations, Pakistan has been unable to control the scourge of infectious diseases. However, the overall health care delivery system in Pakistan was showing signs of strain not only from this burden, but also from the visible onslaught of non-communicable diseases. In the urban area of Islamabad, the capital city where I lived, increasing numbers of people were adopting lifestyles which could be detrimental to their long-term health, but seemed oblivious to this fact. From reviewing the literature, I found that Pakistanis living in Britain were even worse off regarding rates of heart disease and type 2 diabetes mellitus (T2DM), in comparison to their counterparts in Pakistan and the local British population.

As health promotion had always been close to my heart throughout my career in Public Health, I decided that I would like to know more about how, and why, the health of these Pakistani migrants and their subsequent generations was deteriorating, despite them having better access to financial and health resources in the UK. This brought me to Edinburgh with my husband and three young children to pursue my PhD. Initially, I wanted to focus upon both diet and exercise, as both

are modifiable risk factors for non-communicable diseases. However, with the help of my supervisors, I decided to focus on diet, and chose a qualitative methodology. This was a huge leap in terms of my mind set, for my medical studies had tuned my mind to a quantitative, positivistic approach, and I had to unlearn many things before I could start to learn this new approach.

3.2 Why choose qualitative research?

I was in no doubt that qualitative research was best suited for my doctoral research, as it not only recognises the existence of multiple realities, but also embraces subjectivity and favours inductive reasoning (Creswell, 2012). It is the meanings and interpretations that people attach to things which matter within a qualitative paradigm, and these are informed and influenced by culture, context and personal circumstances (Ritchie and Lewis, 2003). As the goal of qualitative research is to develop concepts to help understand social phenomena in natural settings, giving due emphasis to participants' meanings, experiences and views (Pope and Mays, 1995), I felt that it was the appropriate choice for my research. Even at the start, I envisaged considerable complexity and variation within multigenerational families with regard to what people ate and why (Milburn, 1995). Therefore, drawing on the perspectives of several family members was considered the only logical option to illuminate the social processes and cultural dynamics underlying their dietary practices (Gregory, 1995).

Qualitative research provides a unique tool to study what lies behind behaviour, while seeking and providing explanation for its occurrence. Qualitative research has four broad purposes: contextual (describing the form or nature of what exists); explanatory (examining the reasons for, or association between, what exists); evaluative (appraising the effectiveness of what exists) and generative (aiding the development of theories, strategies or actions) (Ritchie and Lewis, 2003). My research falls into the contextual, explanatory and generative categories because it seeks to find out what foods are being eaten by the multigenerational Pakistani families and why, and because it seeks to explore the influences on their eating practices as well as to generate recommendations.

Other researchers have considered the use of qualitative research methods to be appropriate for the study of household activities, specifically when the focus of attention is on the process by which household members negotiate their everyday lives (Gregory, 1995, Schubert, 2008). Indeed, it has been argued that families are created and sustained through consumption, including the consumption of food, which constitutes care, connection and belonging (Lindsay and Maher, 2013) as well as identity, particularly in immigrant populations (Koctürk-Runefors, 1991). Knowing what different members of the multigenerational family eat, and why and how they organise eating practices within a household offers a powerful vehicle for unveiling how meanings are internalized, reinforced and reproduced within and between generations. As I consider reality to be socially constructed, I favoured inductive reasoning, where findings are derived from the data (Pope and Mays, 1995). Thus, rather than predicting my results in advance, or setting up a series of testable hypotheses, I planned to use the data to generate explanations about respondents' views of the world, rather than my own.

3.3 Philosophical assumptions and research paradigms underlying research

For a novice qualitative researcher like myself, it made sense to start thinking reflexively even before I embarked on the journey of the actual research. I found that an awareness of the philosophical assumptions that underpin qualitative research was important for ensuring that choices about my methods of data collection and analysis were fully justifiable and best suited to answer the study's research questions. Having such an understanding was also required to defend the chosen methodology and data collection methods deployed during the course of the research as well as to deal with any unforeseen problems encountered (Maykut and Morehouse, 2002). Philosophical assumptions also relate to epistemology, i.e. ways of knowing and learning about the world (Ritchie et al., 2013). As a branch of philosophy concerned with the way knowledge is produced, epistemology can help researchers to choose a standpoint, and as indicated above, I favoured inductive logic whereby knowledge is produced through observations of the world, which provide a basis for developing theories (Ritchie and Lewis, 2003).

Ontology, the debate concerning what there is to know about the world, is built around the existence of a captive reality and its construction (Swift and Tischler,

2010). Among the two ontological positions, realist and relativist, the latter refers to the view that the way the world is perceived and a person's thoughts about it are always influenced by social factors, such as culture, history and language. In contrast, a realist approach entails the assumption that there is an objective and tangible reality (Swift and Tischler, 2010). For my research, critical realism, a variant of realism influenced by idealism, seemed appropriate. This approach assumes that external reality exists independently of our beliefs and understandings, but that it is only knowable through the human mind and socially constructed meanings (Ritchie and Lewis, 2003). Thus, it accepts that there are stable and enduring features of reality that exist independently of human conceptualisations, and that differences in meanings exist because different individuals experience parts of that reality differently. Recognising that different vantage points yield different views, and that diverse perspectives do not negate the presence of an external reality (Ritchie and Lewis, 2003), I aimed for a holistic picture which can best represent a multifaceted reality and add to the richness of our understanding of it.

The choice of a research paradigm as my first step helped me to set down the intent, motivation for, and expectations of, my research (Mackenzie and Knipe, 2006), including decisions about the methods and literature I would use. Another stance that I hoped would clarify my position within my research is that of "empathic neutrality", as this position recognises that research cannot be value free, and advocates that researchers should make any prior assumptions arising from their culture and background transparent (Pedersen, 2008). My conscious decision at the outset to undertake critical self-scrutiny throughout the course of this research has enabled me to recognise my role in the research, and to use this to enrich the various interpretations put forward by my respondents. It has also served as a continuous reminder to set my own knowledge and experience to one side while bringing the respondent's views to light, so as to improve the quality of my research.

3.4 Reflexivity: Insider vs. outsider perspective within my research

Reflexivity in research can be defined as (a) the acknowledgment and identification of one's own place and presence in the research, and (b) the process of using these insights to critically examine the entire research process (Underwood et al., 2010). The impact of researcher on research is well documented and has been the subject of

many debates, with the number of emerging issues escalating in recent years (Haynes, 2006). As a qualitative researcher, I understand that the researcher is a central figure who influences the collection, selection and interpretation of data, despite the fact that the overall research results are thought to be a joint product of the interaction between the researcher and participants (Finlay, 2002). This is in line with my chosen research paradigm of critical realism, which stresses the need to explore the dynamics of the researcher-researched relationship, and also highlights differences in perspectives, where the participants are engaged in presenting themselves to the interviewer, while the interviewer is trying to convince the wider educational community about the value of the research. Throughout my research journey, I was constantly reminded of ways in which I could use reflexivity to locate myself in the research process, as well as embracing subjectivity in research.

As indicated at the start of this chapter, I realised early on that my identity and experience as a trained medical professional could influence my thought process as well as processes of data collection and interpretation. Acknowledging that the professional, intellectual and personal baggage that a researcher brings to the research process cannot be eliminated (Pilnick and Swift, 2011), I aimed to use this to enrich the collections and analysis of my data. While on the one hand, disclosing my health care provider identity could potentially hinder research participants from revealing their actual dietary practices, on the other the knowledge and experience I had acquired over the years could guide me in asking pertinent questions and probing in detail where required.

To counter the potential power imbalance between interviewee and interviewer (EamonnSlevin and DavidSines, 2000), and in order to allow the research participants to speak freely about their food and eating practices, I decided to keep my identity of health care provider to myself. My last job in Pakistan involved teaching Public Health, and this identity as a teacher also seemed to be in line with pursuing education at a relatively later stage of my career, so I used it to satisfy participants' curiosity about my background.

Belonging to the same religious and ethnic background, i.e. Muslim, Pakistani and Punjabi, had the positive influence of decreasing the perceived distance between the

research participants and myself, and increased the chances of developing good rapport (Pilnick and Swift, 2011). Contrarily, the same factors also made me liable to miss certain aspects of the data due to the taken for granted nature of my culture and experience, an issue acknowledged as a challenge in other research on ethnic minority populations (Lawton et al., 2007). As I recognized this could be a problem from the outset, I explicitly stated in my field-notes, which were kept throughout the data collection period, whether or not I shared the value and belief system of the respondents, and kept the advice "to make familiar strange" close to my heart at all times (Britten, 1995). In certain ways, this familiarity made my research participants assume that I shared the insider knowledge, as they used summarising phrases such as "you know how it is" or "that's how it goes" and seemed surprised when I asked them to elaborate. I often had to explain that although I understood what they were telling me, my supervisors would not, and they usually obliged by elaborating on the points they had made.

Reflexivity has been discussed mainly in relation to maximizing the quality of data produced in research and described as involving an acute self-awareness of how the researcher's own self-location e.g. in this case gender, ethnicity, age and personal interest, influence all stages of research process (Pillow, 2003). Therefore, I will constantly refer back to it while explaining my choice of methods, recruitment, data collection and data analysis. My unique "juxtaposition" of being an insider due to being a Pakistani Muslim woman, and an outsider because I had only recently arrived in Scotland, after spending most of my previous life in Pakistan, was an opportunity that I realised and used to the best of my ability. I also had insight into how members of multigenerational families lived and interacted with each other in the South Asian setting, a complex dynamic, which no doubt proved invaluable during data collection and in data analysis.

3.5 Interview study-informed by case study and ethnographic approaches

Research design is seen as a matter of informed compromise (Ritchie and Lewis, 2003). A key strength of qualitative research is its ability to uncover and explore unanticipated issues as they emerge (Silverman, 2004), as such the design of qualitative studies involves a dynamic process which requires constant review over the life of the study. It requires a balance between having a good sense of the

substantive issues involved, while keeping an open mind towards emerging themes and concepts.

Although I did not conduct an ethnography in the way that anthropologists define it, my research was informed by the principles of ethnography, as it involved participation in the daily lives of research participants, both overtly and covertly, and I gathered whatever data was available to enrich the emerging focus of enquiry (Hammersley and Atkinson, 2007). My focus was on collecting relatively unstructured data about the daily food and eating practices of a relatively small sample, with a view to analysing it for the meanings, interpretations, descriptions and explanations; these all being hallmarks of ethnographic fieldwork (Hammersley and Atkinson, 2007). Being flexible in nature, the principles of ethnography allowed me to conduct in-depth interviews in addition to observing informally what was going on when I was present in people's homes to undertake the interviews (Williamson, 2006).

Both approaches, namely ethnography and case study, have the potential to produce rich and in-depth data and are useful for explicating the respondents' points of view (Yin, 2014). The basic principles of both the above mentioned approaches informed my study, especially at the stages of formulating relevant research questions, due to the exploratory nature and rationale of my study. Case study research allows thinking through research questions which seek to explore how and why a contemporary phenomenon/issue over which one has little control occurs (Yin, 2014), and use of aspects of this approach helped shape my research questions. The flexible and adaptive nature of the qualitative research allowed me to report my findings as "generations", (i.e. first, second and third) at a later analytical phase of my research. Thus, incorporating a case study approach at the design phase was useful and heightened my ability to interpret the available qualitative data.

There is widespread agreement that interviewing several members from a family provides a rich account of family life by fostering an understanding of family dynamics as well as providing insight into individual family members' differing experiences of reality (Reczek, 2014). I was careful to provide for appropriate

sequencing and staggering of data at the design stage of the study, to allow for iteration. Multiple individual interviews within the same family were planned, not only to facilitate a holistic picture about what was going on in terms of everyday food practices in their home, but also to explore and understand the differences within family members' perspectives and food and eating preferences and practices. Scoping for diversity as an adequate base for building comparison and adequate representation were two of my concerns, which I duly incorporated within the study design, and will explain further in the next section on participant selection and recruitment.

3.6 Participant selection and recruitment

It is essential to identify research settings that are able to provide the most relevant, comprehensive and rich information, by virtue of their relationship to the research question (Ritchie and Lewis, 2003). Considering that the primary focus of my research was to understand and explore food and eating practices within multigenerational, Pakistani Muslim families living in Edinburgh, in order for the families to be eligible, they needed to be multigenerational, living under the same roof, or living in the same street with frequent contact and sharing food. Within each family, more than one member was interviewed in-depth. In every family the daughter-in law (second-generation) was interviewed as they were assumed, at the outset of the research, to be the person primarily responsible for food chores.

A purposive sampling strategy was employed in which families were selected for interview if they were thought to have the potential to bring valuable information and insight into the research (Boeije, 2009). I also employed theoretical sampling based on the need to collect data to examine categories and their relationships (e.g. to include economically active as well as retired first generation respondents). As I considered place of birth of the second generation to be a potentially influential factor on food and eating practices, I purposively sampled British-born and Pakistani-born men and women. However, as British-born women were more inclined to favour nuclear family arrangements they were more difficult to recruit, hence I employed Snowballing approaches, in which participants were asked to identify potential respondents (Boeije, 2009), to recruit this group. Children below 16 were not interviewed as the method of enquiry and ethical issues (including

consent) for such a young research participant are totally different from those employed for adults (Harden et al., 2000, Kirk, 2007). Furthermore, it would have been culturally difficult, if not inappropriate, to obtain individual interviews from children, and sufficient information about their food and eating practices could be obtained from the accounts of the first and second generation.

The logistics of undertaking research with ethnic minority populations in developed countries has received a lot of attention in recent years, and it has been shown that recruiting such individuals can be a difficult and cumbersome process in terms of time, effort and resource (Sheikh et al., 2009, Douglas, 2009, Douglas et al., 2011, Lloyd et al., 2008, Samsudeen et al., 2011, Stirland et al., 2011). Face-to-face contact has been recommended as the most effective method for recruiting South Asian populations in the UK (Vlaar et al., 2012). Indeed, recent literature has highlighted that, in addition to involving trusted community members in recruitment (Douglas et al., 2011, Sheikh et al., 2009), the only way to recruit South Asian populations into research is by approaching them directly with an explanation of potential benefits of the proposed research (Gill et al., 2012) rather than by using the conventional methods of written invitation accompanied by opt-in forms. Some commentators even suggest that researchers should play a proactive role in developing long-term relations of trust and respect within their community (Stirland et al., 2011), and this literature informed the recruitment strategy I adopted in my study. To do this I made an effort to build relationships with individuals and families within the Edinburgh community over time, and this proved to be a crucial step in getting their consent to take part in my study.

As a mother of three children, two of whom attended primary school, my initial contacts were female parents of children studying at the same school. I had informal discussions with these individuals about their families and living arrangements, and tentatively asked if they would be interested in participating in my research. Most of the women I approached in this way were both interested and willing to take part in my research.

The reasons for this positive response could be numerous. First of all, I think I was seen as "another mum" at school, who had just come from Pakistan and was easy to

talk to. I got this impression because even though these women had known each other for decades or longer, and had lots of things to discuss within their own networks, they included me in their conversations and did not feel awkward in my presence. Secondly, food was not seen as a sensitive or private subject by these women, so they had no qualms about talking about eating and feeding practices in their homes. Thirdly, the fact that I would go to their homes for the interview was also seen as culturally appropriate. Last of all, they appreciated the flexibility of my schedule, as I told them I could manage any time that suited them.

I also approached the Pakistani Society in Edinburgh, who offered contact some multigenerational families on my behalf. I informed them of the attributes I desired in a family, and asked them to obtain phone numbers so that I could to make contact with the family members tell them more about my research and to obtain their consent. In the two families referred by the Society, the mother-in-law was the primary contact.

My first point of contact varied between either the daughter-in-law in cases where I approached the second-generation woman, or the mother-in-law in cases where an intermediate family or the Pakistani Society was involved in the recruitment process. I asked the person who was the first point of contact if other family members would be willing to be interviewed, and only proceeded if at least one person from a different generation gave consent to be interviewed. The appropriate information sheets and opt-in-forms were given to the person who was the first point of contact, so they could cascade to other family members. Then I called the other family members to confirm their willingness to be involved in my study.

I stopped recruitment after I had interviewed individuals from eight families, because at this point I had collected sufficient data to address my research questions. Twenty-three interviews were conducted in total, with the number of interviews conducted in each family varying from two to four, and both first and second generation represented. However, even though a number of second-generation men agreed to be interviewed, only three interviews with men took place.

The reasons why the representation of men from the second generation was so limited were diverse. In some instances, the men were too busy and interviews could not be fitted into their schedules, despite repeated efforts on my part. In another case, an unscheduled surgery stopped the interview from taking place. In most cases, however, it was their wives, women of the second generation, who thought these interviews were unnecessary for two reasons. Firstly, in their opinion, their husbands had nothing whatsoever to do with food. Secondly, they failed to understand why another interview was needed when several members of the family had told me all about food and eating practices in their home already. The fact that a female researcher would be interviewing a second-generation male was not highlighted as an issue by any of the family members I spoke to. Indeed, the religious tradition of purdah (using a veil and strict segregation of sexes) was not observed by any of the families included in my study. In the end, all I could do was to analyse the three interviews from second-generation men, and use information given to me by other family members about their diet.

It took slightly more than a year after my arrival in Edinburgh to start data collection, and I used that first year to build networks and friendships which facilitated my research to a great extent by allowing me to gain insight into how to initiate contact with the local Pakistani community and obtain valuable information regarding the context of my study.

Once data collection began I staggered recruitment so that at any one point in time I only had one family that I was currently engaged with and another I was in contact with in order to schedule interviews. Every subsequent family was recruited and interviewed in ways which took account of emerging themes from the previous one, or to bring a new perspective found lacking in previous interviews (Draper and Swift, 2011). As indicated earlier, I stopped recruiting after sufficient data had been gathered. This was based on my judgement that minimal new information would be obtained in additional interviews. Indeed, an adequate sample size in qualitative research is considered to be one which is large enough to answer the research questions but not so large that the amount of data inhibits data analysis (Sandelowski, 1995).

3.7 Data Collection

3.7.1 Methods

In order to explore food and eating habits, ideally participant observation inside family homes would have been combined with in-depth interviews, but being familiar with the customs and traditions, I knew that I would be treated as a guest in a Pakistani household. Hence, there would be no chance to observe the normal everyday food practices, as these would be replaced by hospitality cuisines and meals. However, because most of the research participants favoured home as the site for interview, I was able to observe the kitchen and interactions with children and between adults first hand, and was able to link detailed field notes, which I wrote after leaving people's homes, with what I was told in the interviews. I used these field notes along with the data obtained from in-depth interviews, mostly to explain certain practices as well as to check for consistencies in what was being conveyed to me by the research participant. These field notes were also important as they also covered the half hour before and after the recorder was used, and helped ensure no important piece of information was left out in the analysis phase.

For my study, one-to-one in-depth interviews were used as the main method of data collection as they provide an undiluted focus on the individual, with an opportunity for detailed investigation of personal perspectives and their context (Ritchie and Lewis, 2003).

3.7.2 Process of scheduling and location for conducting interviews

Inviting a fellow Pakistani woman into the home is part of the tradition among the Pakistani families, so it did not come as a surprise when the respondents opted for their home as the site for their interview. Nineteen interviews were conducted in the home setting, at a time that suited the participant. Four of the twenty-three interviews (one couple as well as two brothers) were conducted in the office adjoining the shop where the research participants worked for most of the day. Although none of the women contacted refused to be involved in the study, and were more than willing to let me interview other members in their family, scheduling the interviews took a lot of time, and involved several personal requests and telephone calls. The major reason given for this was genuine time constraints on part of the second-generation women; they said they had to undertake numerous

tasks, both within and outside the domestic sphere. Another reason was the women's desire to be present whenever I visited their house, which I thought was not essential once I had been introduced to other family members, sometimes in a visit separate from the actual interview.

It is customary in the Pakistani setting to come and greet any visitor to the house, and to sit with them out of courtesy, hence, it was virtually impossible to obtain one-to-one interviews, as some other family member one else was nearly always present. I was therefore, unable to ensure complete privacy during the interviews, as asking others to leave the room could be considered discourteous.

On a positive note, I found the presence of other family members made it difficult for the respondent to withhold information, and frequently additional comments made by other members helped clarify and illuminate what was actually happening regarding food and eating. More than once, I felt that the family member who was "sitting in" disclosed information unknowingly about something that the interviewee had meant to keep to him- or herself.

3.7.3 Obtaining informed consent from the research participants

Although all women approached as my first point of contact showed a willingness to be interviewed, some also said that they would confirm their participation after asking their respective husbands, or, in the case of second-generation women, their respective mother-in-laws. The process of asking permission seemed to be cursory as no questions were asked or objections raised by any of the these family members. It also seemed to reflect the collectivist nature of Pakistani multigenerational families, where most decisions were taken jointly rather than individually, and cultural norms around different levels of hierarchy within the family were respected and followed, although to a variable extent.

In addition to a verbal description of my proposed research, I gave every participant an information sheet as well as a consent form (in English or translated into Urdu) at the time of inviting them to participate in the study (See Annexes 3 and 4). I also assured them that I would readily answer any queries that they or their family members might have about me or my research.

At the start of the interview, I recorded the participant's verbal consent using my digital recorder, but I usually postponed the actual signing of the document until the end. The reason I did this was because in rural Pakistan (where the older migrants originated), most commitments comprise verbal exchanges and are based on trust. Normally, the only documents requiring signatures are those relating to legal procedures, or financial transactions e.g. in banks. Moreover, even in these instances, due to prevalent illiteracy, a thumb impression suffices in most cases as a substitute for a signature. Due to this, written signatures may have had the significance of an official contract particularly for the first participants. Hence, I was apprehensive that asking participants to sign their consent form at the very beginning might adversely affect the interview; therefore, I sometimes delayed the actual signing of the consent form until the end.

Furthermore, obtaining written consent was also delayed in many cases because most of the elderly participants seemed to have a limited understanding of what research actually entails as none had been involved in research before. However, towards the end of the interview, they appeared quite comfortable with me and the interview process (including its content) as was evident from their level of disclosure and other non-verbal signs. Research has recognised that the meaning of informed consent and the values on which it is based are grounded in society and the practicalities of social relationships (Boulton and Parker, 2007, Miller and Boulton, 2007). Researchers have also argued that under specific conditions it might be necessary to alter the traditional regulatory procedures of obtaining written consent prior to the interview (Wiles et al., 2005). Alternatives to taking written consent before an interview, such as audio-recording consent, have been recommended, particularly in cases where participants lack literacy or linguistic abilities (Lloyd et al., 2008), or where individuals taking part in research have limited comprehension about what it involves, and are wary of complex consent forms because they are perceived as carrying other legal risks (Bhutta, 2004).

3.7.4 The interview process

I developed a topic guide based on a review of literature, my own cultural insight and my research questions (See Annex 5). However, during the pilot interviews with family 1, which I subsequently included in my results, I realised I would have

to make significant changes to the ways I asked questions. Focusing on the "typical" in research has also been termed as a criteria for enhancing its transferability (Schofield, 2002), so I decided to ask my respondents to describe their typical day in relation to food and eating. Keeping my own personal opinions to myself, I ensured that no criticism was conveyed and remained sensitive to the cultural values, behaviours and practices of my participants, telling them that I would frequently ask for explanations, even for things that might seem commonplace or commonly understood as part of 'our 'culture. The sequential nature of interviewing different family members helped, insofar as I was able to use findings from other family members to inform the questions I asked, although I was very careful to avoid any breaches in confidentiality.

The effect of research on the researcher has been documented in many ways (Al-Natour, 2011) and, from the beginning, I knew that I was not immune to feeling emotionally drawn and humbled by the sharing of information by my research participants. In more than three interviews I realised that information was being disclosed for the first time ever and sometimes this was accompanied by expression of stress or deep emotion, such as the shedding of tears. These emotional outbursts affected me at an emotional level and I often struggled to find an appropriate response.

3.7.5 Language issues

Language has been recognised as a fundamental tool in in-depth interviews (Hennink, 2008). It has also been argued that cultural "insiders" have considerable advantages over outsiders due to their knowledge of language and culture (Birman, 2005); they can not only access research participants, but also undertake research in a more sensitive and responsive manner (Liamputtong, 2008). As I can speak Urdu, English and Punjabi fluently, I interviewed participants in their language of choice. Sometimes, all three of the languages were spoken during the same interview, but primarily one was used.

In Punjab, Pakistan, from where most of the respondents originated, Punjabi is spoken in rural areas and Urdu is mainly used by better-educated individuals and in urban areas. In this case, even when the interviews were in Urdu and/or Punjabi,

the interviewees frequently used English words. The older generation mainly preferred to speak Punjabi, while the middle generation favoured Urdu or English, depending on where they had been born. British-born individuals always asked for the interview to be conducted in English, but their actual interviews were interspersed with words and phrases in Urdu or Punjabi. Although interviews were conducted in Urdu, Punjabi, English or a mixture of all three, I translated and transcribed them simultaneously, directly into English. I will describe the process and related issues more in the section on Data Organisation.

3.7.6 Ethical approval

The study protocol (including methodology, consent form, and topic guide) was approved the Research Ethics Committee for the Centre for Population Health Sciences, University of Edinburgh, after submission of completed requisite forms (See Annexes 1 and 2), in November, 2011.

3.7.7 Trust and confidentiality

During the interviews I was usually asked a lot of questions about myself and my family, which I had anticipated, and used this as an opportunity to develop rapport. Apart from my health care provider identity, I was quite open about sharing information about myself, for I knew that it was important for study participants to know about me as a person, to be able to converse without reservation and trust me with information about their lives. It has been proposed that the best interviews occur when participants consider that they have developed a trust with the interviewer (Kvale and Brinkmann, 2009). I must admit that I did not have to work too hard at developing rapport with my interviewees, and was always open, honest and sincere in all our interactions. In addition, I was very aware of observing cultural sensitivities. For instance, the elderly are always deferred to religiously and culturally (Banks and Ballard, 1994), so if elderly participants took their time talking about things in their life other than food, I did not interrupt them initially, and only after a while carefully and tactfully brought them back to the subject, trying all the while not to sound disrespectful or rude. Another obvious sign about the interviewees' trust in me and feeling secure with the overall research interviewing

process was the fact that they invariably offered to introduce me to other multigenerational families within the Pakistani community living in their locality.

Interviews always took up much more time than I anticipated; nearly half of them were three hours or more in duration. My attempts at building rapport and participants' desire to know more about me were only two contributing factors, not to mention hospitality. It is unheard of within this community to let a guest leave the house without tea and refreshments or a specially prepared meal. After turning off the digital recorder, much time was spent declining the participants' insistence to stay for the upcoming meal, and often, when I managed to give my waiting children as an excuse to leave, an invitation to return at a later date for a meal with my family was issued. I was overwhelmed by the generosity encountered from my participants throughout my research.

As well as being a means of developing trust and rapport, engaging in hospitality was also an important source of data, since by looking at the food items served/consumed in my presence, I could make judgements about participants' accounts of their food practices. For example as I wrote in my field notes for family 5, the daughter-in-law spent considerable time convincing me that she only allowed her children fizzy drinks and sweets on the weekend. However, her children helped themselves to snacks from the fridge and kitchen cupboard in my presence, even though it was a weekday. In another instance, both elderly individuals in family 7 suffered from type 2 diabetes and the husband also suffered from high blood pressure. The elderly woman made Zarda (sweet yellow rice made in oil or butter) and roasted boneless chicken for me, and both of them had a serving of each, along with a can of diet coke, even though they had taken their lunch a couple of hours earlier. The sweet yellow rice is made with equal amounts of sugar and rice, not to mention the oil or butter, and was in no way clinically recommended given the kind of health issues the couple suffered from.

Although confidentiality was explicitly stated as an aspect of research process to be adhered to at all times, and was communicated to all research participants verbally and in consent forms, it had a different dimension when the design of the study included interviewing several members of the same family. Due to the complex

nature of relations between and within generations, I had to ensure that I kept everything I was told to myself, and not refer to the remarks made by one participant in the presence of another, to avoid distress or misunderstanding.

3.7.8 Cultural Norms and Values

Although I have referred to cultural norms and values in the preceding sections, they merit a special mention due to the fact that immigrants are known to constantly attempt to balance the values and norms of their cultural heritage with those of their host society. Secondly, when interviewing cultural sensitivity is always advocated to enhance the quality of the data collected (Just et al., 2007).

Cultural sensitivity impacted upon the scheduling of interviews in some families. In some instances I had to schedule interviews with the mother-in-law before interviewing her daughter-in-law, as I was expected to get her informal approval before proceeding with the rest of the interviews. In other cases, if both parents-in-law were present, I had to interview the father-in-law first due to the intra- and inter-generational cultural hierarchy, even though I would have liked to interview one of the women of the family first to familiarise myself with the issues related to food in that family.

Moreover, my position as a female researcher could potentially have posed a problem as far as interviewing men was concerned, because gender segregation is common in rural Punjab and there are defined cultural and religious limits to the topics that can be discussed openly (Zubair et al., 2010). However, these issues were almost non-existent, or manifested differently in my research because of the nature of the subject - food and eating practices. Indeed, food and eating is a relatively neutral subject that is included in every day conversation, so none of my male respondents was self-conscious or reluctant to share their experiences and opinions with me.

My age and status influenced participants' reactions to me in different ways. The older men considered me to be like a daughter, and referred to me as "beti" (meaning daughter in Urdu) during the interview, as was culturally appropriate (Zubair et al., 2010), and were open and not at all constrained in sharing their understandings and thoughts on the subject of inquiry. Second generation British-

born men treated me respectfully and differentially; initially, seeing me as someone referred to them by their mothers or wives who they needed to accommodate in their busy schedules. However, once the interview started and they knew they could express themselves in English they were quite comfortable and seemed to speak their mind. In fact, one of the men went so far as to tell me about his last visit to Pakistan and how he had experienced the complexity of an arranged marriage, something that he had no prior understanding of. He also described how, after becoming a father, his outlook on life had become more positive. Both these subjects are highly personal and reflected the fact that he was not ill at ease about sharing issues of very personal nature.

Gender and age worked differently with females of the second-generation, and I could only speculate about the reason for their defensiveness and attempts at keeping up a certain appearance. It dawned on me quite late in research, due to a chance remark made by a colleague, that they saw me as a counterpart or competitor, because in their eyes I was another mother of their own generation, who had come from Pakistan, and who might judge their child rearing or mothering skills and behaviours. I found some truth in this logic, because as I describe further in Chapter 6, the presentation of self was particularly apparent in this group of participants, who seemed very keen to convince me about their ability to raise their children in a culturally appropriate manner.

3.8 Consolidating collected Data

Right from the first interview I could sense how easy it was to be overwhelmed by the amount of data being generated and so tried to keep all forms of data in order. To do this I found it useful to make family trees (see Chapter 4) depicting the generation, gender, age and relationships of individuals, as well as any health problems. Members of the family living under the same roof were also grouped together, as were other families living in Edinburgh, to show the extent of family spread-out in the city. I had to think carefully about the pseudonyms for participants, as they had to be comprehensible as well as easily discernible from each other. I also had to decide how to make the families unrecognisable to readers, so as to ensure confidentiality. This was done by rounding up their ages to corresponding decades, and only disclosing the number but not the gender or age of

the third generation children in the family trees. These decisions were taken in conjunction with my supervisors and other colleagues working in the same area of research.

Translation was a key step in the overall research process. Not only were the consent forms and information sheets translated, I translated all the non-English interviews personally and painstakingly, taking care not to lose the essence of what was conveyed by the research participants. This was by no means an easy task and not only prolonged the time taken for transcription, but also complicated it. I kept key phrases verbatim in Urdu or Punjabi in brackets (written in English script), and asked a fellow Punjabi speaker to translate them, so as to use the corresponding words in English. A couple of times, I had to call and ask the respondent to reiterate the exact point that he/she was trying to make. I could relate to another researcher's dilemma, who was more or less in the same position of "an immigrant studying immigrants", and reflected on the process of translation as "dual transformation" of interview data, first into English and then into academic prose (Kim, 2012).

I listened to the tape-recorded version of the interview along with the English transcript, trying to match the verbatim words in the language of the interview (in brackets next to the English translation) for the key phrases that I wanted to quote, so as not to lose precious data in the process of translation.

After completion of data collection, which took about nine months in total (December 2011 to August 2012), I transferred all the transcripts and field notes to NVivo 10 Software for ease of data management and easy retrieval.

3.9 Data Analysis and Organisation

I started writing case summaries about individual families after embarking on data collection. These summaries helped me familiarise myself with my data and gave me insight into how to portray and convey the results of my study in an appropriate manner. I employed "sequential analysis", for testing emergent themes and collecting data (Ritchie and Lewis, 2003). I read and re-read the transcripts to make sense of my data and spent quite some time at the descriptive stage of analysis. This repeated read-through of interviews, cross-comparisons within generations and between generations, as well as between families helped identify cross cutting

themes. As noted above, concurrent data collection and analysis made it possible for me to incorporate emerging findings in subsequent interviews. Analysis included comparisons between individuals, families and generations, as well as within families. I cross-compared interviews for initial identification of my codes, regularly referring back to the research questions, and exploring reasons behind the reported food practices in light of the information provided by the interviews.

I recognised that analysis would yield categories for analytical generalisation rather than empirical generalisation, and also that various overlapping contexts usually produce unstable and contingent generalisations, depending on the understandings and engagement with the available data (Halkier, 2011). Once these categories had been delineated, a relationship between them was sought. I developed the analytical themes by exploring how and why the reported food practices were taking place within families, juxtaposing what as was described by the family members and what I had gathered from visiting their homes.

My insider status (Pakisani, Muslim, woman, mother) as well as outsider status (new to Scotland) helped me to analyse my data from two different but complementary perspectives. Research has highlighted that there are various strategies for managing personal experience, including minimising, utilising, maximising or incorporating it into data analysis (Wilkinson and Kitzinger, 2013). I only kept my beliefs and ideas to myself at the time of data collection and initial analysis through what is termed in research as "bracketing" (Gearing, 2004). Bracketing in research has many dimensions but I borrow the concept to identify my position while gathering data, during which I kept my values and training as health care provider as separate from the data collection process as possible (Gearing, 2004). However, through reading and reflective writing I gradually came to appreciate that my personal experiences could be an asset rather than a hindrance. I tried to ensure that the data reported supported the interpretations I made, and to find the appropriate level of detail to engage the readers without discouraging them from understanding my findings (Watt, 2007).

In qualitative research involving families, multiple perspectives are usually required to situate participants' views in the context of the social relations within which they

are constructed (Reczek, 2014). However, exploring multiple research perspectives has been likened to a tangled web, and taking a bird's eye view has been recommended in order to gain a broad perspective on a situation (Harden et al., 2010). Although in-depth interviews provide large amounts of information in short periods of time, the data maybe erroneous or misleading as it depends on the skills of the interviewer and the willingness and honesty of the research participant. Findings from different members of the same family may be convergent (similar data from two or more sources), complementary (different parts combine to offer a fuller picture) or dissonant (incompatible, challenging expectations), but enhances credibility (Sands and Roer-Strier, 2006), and enabled the complexity of family relationships to be unpacked. In fact, acquiring multiple perspectives has been shown to contribute significantly in studies of immigrant and minority families (Sands and Roer-Strier, 2006), and likened to "crystal becoming a prism… to reflect externalities, colours patterns and arrays..." (Richardson, 2005).

The constant comparison method (Dye et al., 2000) was primarily used for analysis. This involved reading and re-reading transcripts to get familiar with the data and find key issues referred to by individuals. Then interviews from members of the same family were read in sequence of the interviews, and compared with each other, also including information from the field notes, the latter informative in interpretation of data and its presentation in the following chapters. In this way, I could get a broad picture of the way food and eating was organised at family level, and also have a list of recurrent issues commonly expressed by individual members. The same process was undertaken for all families. At a later stage, comparisons were carried out at a generational level, and many common themes emerged. Most of these themes were descriptive and illustrated the process underlying food decision-making, as well as the players involved. Finally, after repeated iterations, and comparing the descriptive themes with literature, I was able to understand the complex reasons underlying the food and eating practices. These repeated comparisons required considerable time and effort, but as the data collection was staggered, I was able to build upon existing descriptive themes and explore issues from different angles. The new set of emerging themes was the result of extensive analysis, keeping in view my research questions, as well as literature. Gradually a

pattern of commonality and diversity emerged, which favoured reporting results at a generational level. It was evident at this stage that certain generalisations could be made at the generational level, and informed my decision to report the findings in terms of generations rather than families.

Prior to collecting data I had heard a lot about the practicalities of analysing qualitative data through using software packages (Denzin and Lincoln, 2000), and attended a few training sessions run by the university on how to use NVivo 10. However, I only made use of the software after data collection was completed, when I was sufficiently familiar with what my research participants had told me in their interviews through reading the transcripts many times and making additional notes. I used NVivo 10 Software for the initial coding of transcripts and my field-notes from home visits. As described above, cross comparing data obtained from the interviews initiated and facilitated the coding process. The codes were a combination of descriptive (extracted from transcripts and mostly encompassing the "what") and analytical (involving my interpretation of the "why and how") codes, but very few of the latter could initially be segregated. The software helped me organise and consolidate all forms of research data (field notes, transcripts, reflective memos) and made retrieval less time-consuming and distracting than if I had had to refer to the written transcripts repeatedly.

However, the analysis was primarily done manually using paper and pencil, as I struggled to make the required leap from descriptive codes to analytical ones and group the codes into themes. Knowing beforehand that qualitative analysis would be messy did not prepare me for the iterative nature of the process, where the movement back and forth between data, analysis and research questions was continuous, as was the exploration of the literature. Multiple perspectives from the same family provided rich information, but the complex dynamics had to be untangled (Harden et al., 2010), and a thick description and coherent narrative aimed for in the presentation of the findings.

3.10 Conclusion

Throughout my research study, much effort and time was spent ensuring the best possible product through methodological congruence (Pilnick and Swift, 2011). This

term denotes the fit between the research problem and question, between the research question and methods, and between the method, data and analysis of data (Ritchie and Lewis, 2003). From writing research questions to research design, data collection to writing up, qualitative methodology helped me explore my area of interest.

Before presenting the results of my study I move on to briefly introducing the members of all eight Pakistani, multigenerational families included in my study.

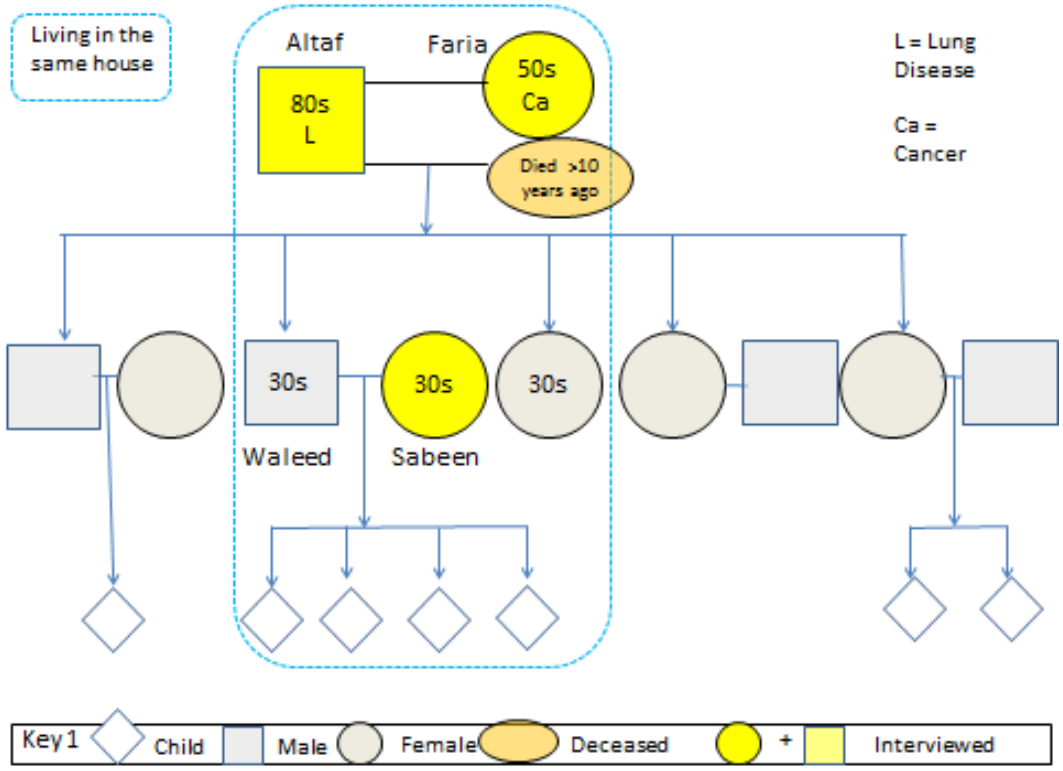
Chapter 4 Introducing the families

In this chapter I will introduce all the families included in my study. I have used family trees for this purpose, as they help depict the relationship between various members of these families. I have also tried to give an idea of the presence of chronic illness, as well as the living arrangements of these families. In order to safeguard their privacy and make individuals unrecognisable, I have rounded (up and down) the ages of adults, and not included the gender or age of children. A brief description of each individual may help the reader to gain an idea of the family members in different generations, their occupations and education, and few other things, which may be required to understand some of the reasons for their food and eating practices.

Almost all the members of the first generation had first arrived in other UK cities and subsequently moved to Edinburgh. They had been settled in Edinburgh for more than 25 years. With the exception of two families, three generations resided in the same house and shared the same kitchen. In families 5 and 8, the first and second generations lived separately, but in the same street or locality; sufficiently close for frequent contact and food exchanges. In all cases, the families were residing in self-owned residences, which varied from large flats, to semi-detached small houses to independent double-storey larger houses. At least one person in each family owned a car. By far the most common profession among the first generation men was shopkeeper, followed by factory worker.

In the case of the second-generation, men in three families had carried on working in the family convenience store business, the rest generally favoured desk jobs. With the exception of one businesswoman, females in the second generation either worked part-time in chain stores, or did not engage in paid work at all. All families contained children (between 2-13 years), in seven families the children attended school or nursery and the majority went to religious classes in the evening, at least three times a week.

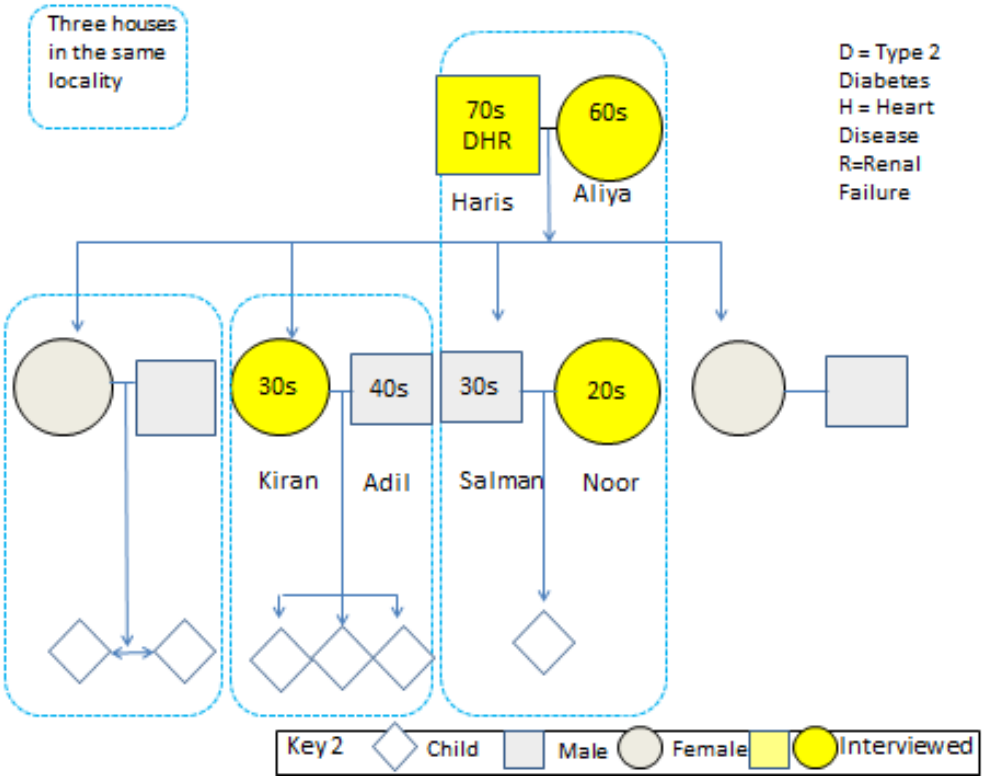
Family 1- Altaf and Faria, Waleed and Sabeen



Altaf, a shopkeeper with primary education, came to the UK as a young man four decades ago. He married in Pakistan and brought his wife to the UK a few years later. They had five children, all of whom were born in UK. His second marriage to Faria took place more than a decade ago, after the death of his first wife. Altaf and Faria live with their son Waleed, his daughter-in law, Sabeen, and their four primary-school–age children in a large house, which they own. After living in another city for eight years, Waleed and his family recently moved to Edinburgh and moved into Altaf's home. One of Altaf's (unmarried) daughters also lives in the house. Altaf's other married daughters live outside Edinburgh. His older son also lives a few streets away in Edinburgh with his wife and child. Both of Altaf's daughters-in-law are Pakistan-born and came to the UK after their marriages.

Altaf and Faria work in their own shop, six days a week, although both suffer from ill health. They usually drive to their shop before eight in the morning, and return home at seven in the evening. Sabeen, Waleed's wife, had eight years of schooling in Pakistan. Sabeen sometimes helps out in the shop, but usually she keeps the house and looks after the children. She is Waleed's first cousin. Waleed is not currently employed. His unmarried sister works part-time in shifts. Waleed and Sabeen's four children attend the local primary school. Sabeen was the primary contact within this multigenerational family. Faria, Altaf and Sabeen were interviewed separately.

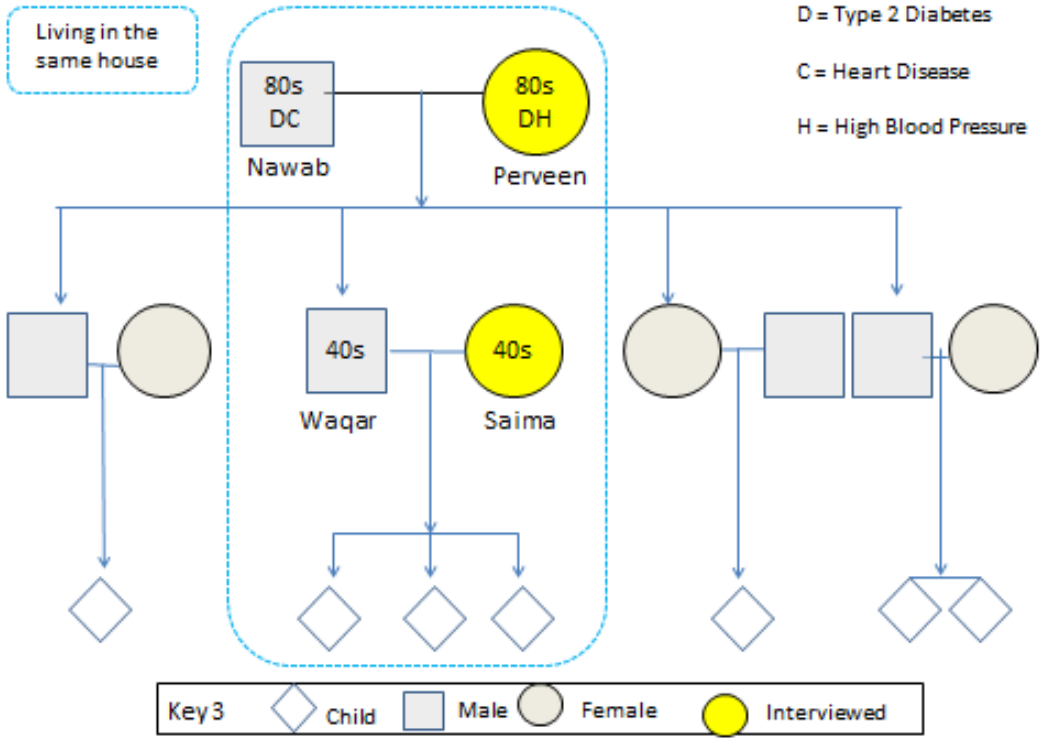
Family 2- Haris and Aliya, Salman and Noor, Adil and Kiran



Haris, along with two of his brothers, came to UK the first time 55 years ago, and worked as a mechanic for 10 years, before going back to Pakistan to look after his ailing and elderly parents. He married Aliya and had four children. After about twenty years, he decided to claim his children's British nationality and returned to the UK with his son. Haris's three daughters joined them a year later. It took three years for his wife Aliya to come to the UK. Although his brothers run convenience stores in Edinburgh, Haris does not work for a living. All his children are educated, and the eldest two have professional degrees. His son (Salman), daughter-in-law (Noor) and grandson live with Haris and Aliya. Haris and Aliya's two married daughters live in two separate houses within walking distance.

Salman works seven days a week in two different desk jobs. He is married to his cousin, Noor, who came from Pakistan. Noor graduated with a degree in Pakistan and works part-time at a chain store. Noor and Salman have a child who is at nursery. Kiran, married to Adil, is one of Haris and Aliya's daughters. She works part-time in a finance-related desk job. She lived with her husband and three children at her parents' house for many years, before moving to their own house six months ago. All family members frequently visit Haris's house and share food with each other. Haris suffers from multiple health problems including type 2 diabetes, heart disease as well as renal failure. He has to undergo dialysis three times a week. His wife Aliya is visibly overweight and has arthritis causing stiff knee joints. Haris and his wife Aliya, his daughter Kiran and daughter-in-law Noor were interviewed.

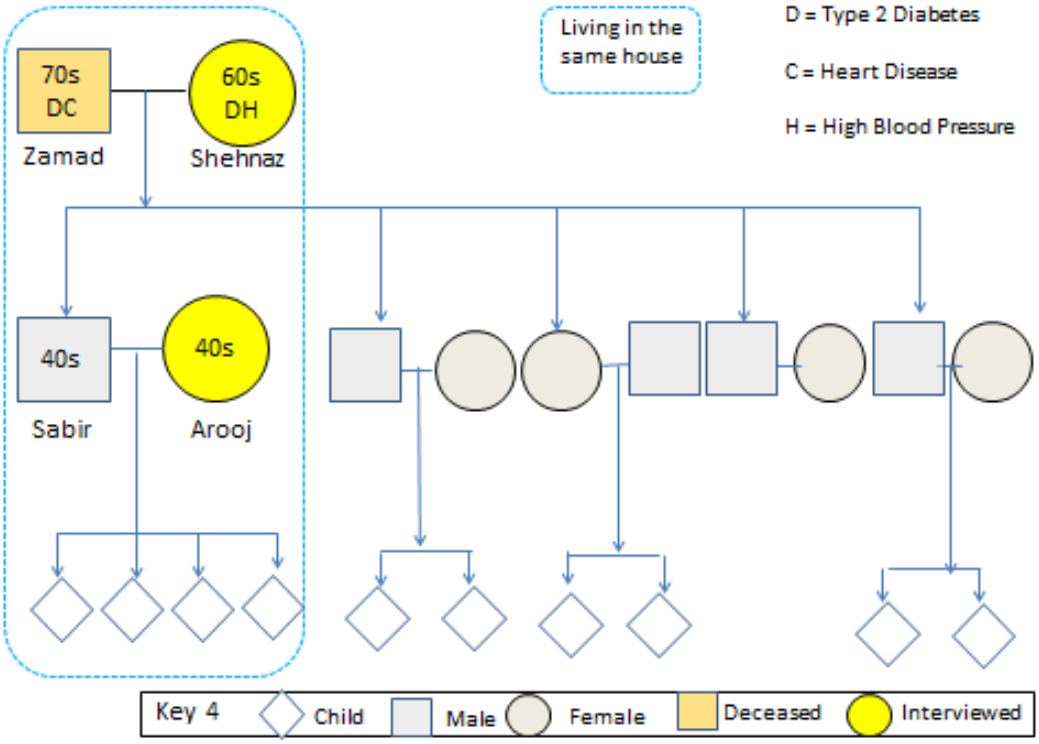
Family 3 - Nawab and Perveeen, Waqar and Saima



Nawab came to the UK about 45 years ago to work in a factory in a UK town. His wife Perveen joined him a few years later, with their eldest son who was two at that time. They had three more children in the UK, including Waqar who lives with them, along with his wife Saima and three children aged 3-13 years. Nawab and his family moved to Edinburgh about 25 years ago, where he started a convenience store. His sons worked at his store for a few years before taking up desk jobs. All his children are now married. His eldest lives nearby in an independent house and the rest live on the outskirts of Edinburgh.

Saima is Waqar's second cousin. Although her father had worked in the UK, she was born and bred in Pakistan and came to the UK after her marriage to Waqar many years ago. Unlike her mother-in-law Perveen, who has been a housewife all her life, Saima worked at a packaging factory for the first few years after her arrival in the UK. She is a university graduate, and for the past three years has stayed at home to look after her three children and parents-in-law. Nawab does not work anymore. He was diagnosed with type 2 diabetes and heart disease ten years ago, and now rarely leaves the house. Perveen also suffers from type 2 diabetes and raised blood pressure, but is quite social. Nawab and Perveen are often visited by their children and grandchildren and sharing food is a frequent feature of these family get-togethers. Interviews were carried out with Saima, Perveen and Waqar.

Family 4 - Zamad and Shehnaz, Sabir and Arooj

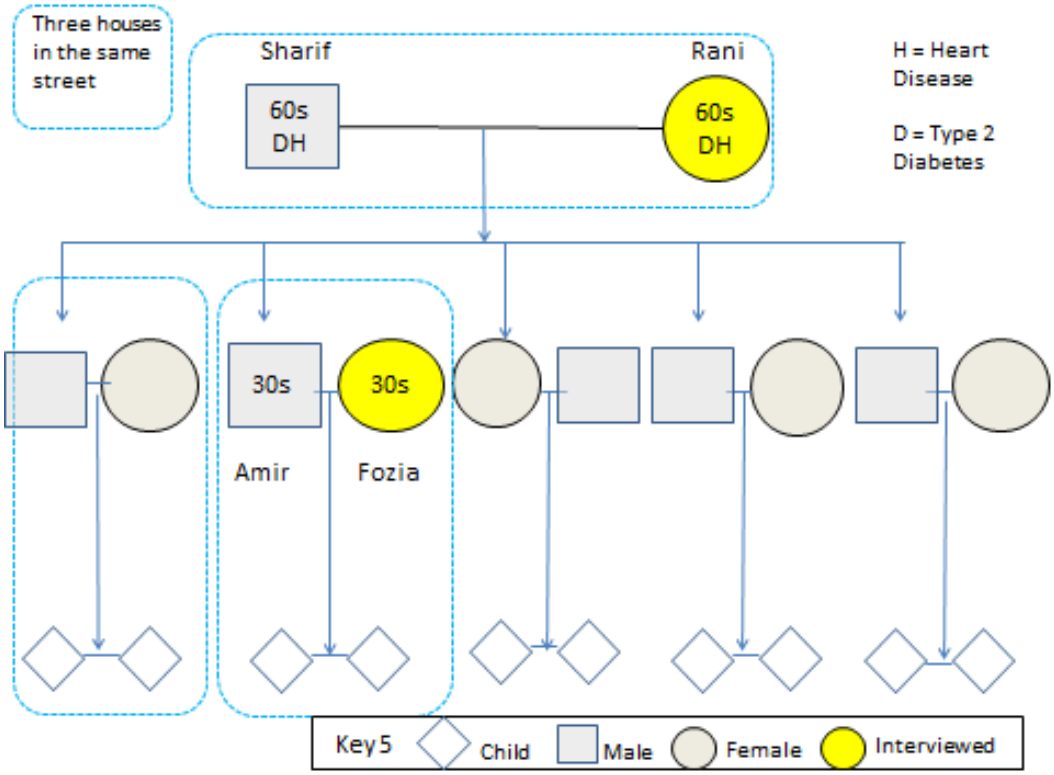


Shehnaz is a widow who lives with her son Sabir, his British born wife Arooj and their four children in their owner-occupied house. Shehnaz came to the UK with her father aged fifteen. A year later she married Zamad, who was known to her father and was already in UK. They moved to Edinburgh 25 years ago. Zamad had a heart attack and passed away three years ago. All five of their children, four sons and one daughter are now married. Shehnaz's only daughter lives outside Edinburgh with her own family. Her other three sons live in different parts of the city.

For most of her life Shehnaz helped her husband run his convenience store, but now her son Sabir had taken over the shop. Shehnaz suffers from type 2 diabetes and has high blood pressure, both of which are poorly controlled. Her health is her priority and she has made some effort to improve her diet, in accordance with her daughter's advice. Having recovered from knee replacement surgery a few years ago, she mainly uses her car to commute.

Her daughter-in-law, Arooj, born and raised in the UK, runs a business from home, using her contacts in UK and Pakistan. Before her marriage she used to help run the family convenience store, but did not work after marrying Sabir. All of her four children attend school. Her husband Sabir spends eight hours every day in his shop, except for Sunday. As three of Shehnaz's sons live elsewhere in Edinburgh, their families visit either on the weekend or during the week, and usually share or bring a meal when they visit. Both Arooj and Shehnaz were interviewed.

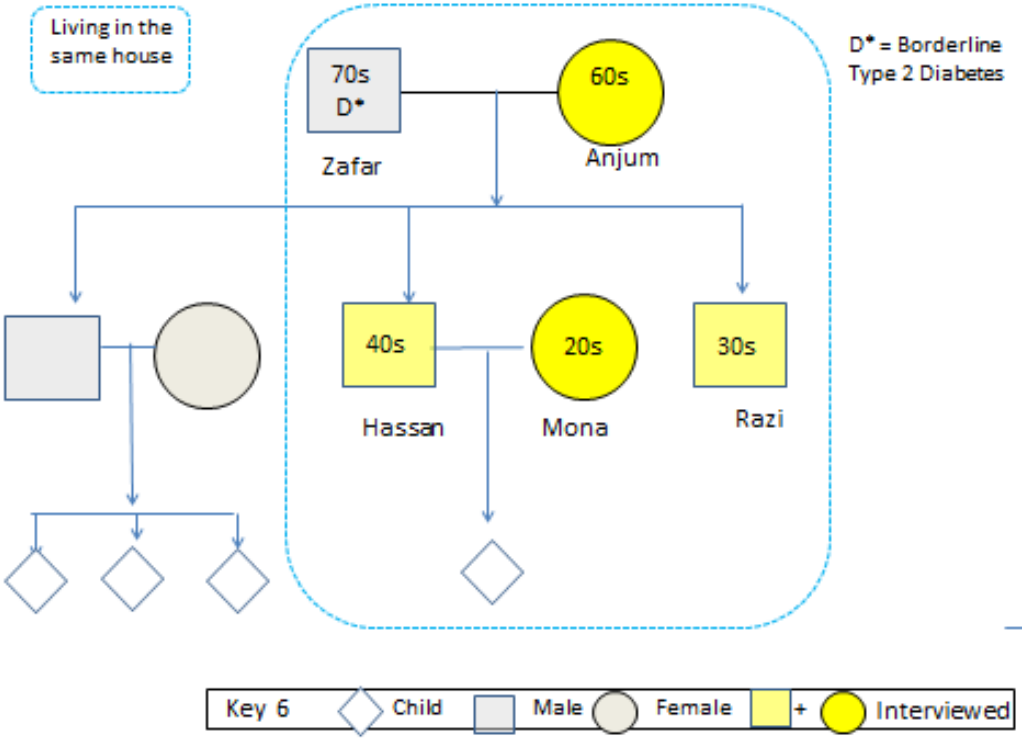
Family 5 - Sharif and Rani, Amir and Fozia



Sharif came to the UK as a child, and spent his life in many UK cities, working in grocery stores and post offices. He married Rani during a visit to Pakistan and they now live in a semi-detached house, which they own. Their four sons are married and live in Edinburgh, two live in separate houses in the same street. Their daughter is also married and lives in another city in the UK. Sharif no longer works, but gives his sons a hand every now and then. Rani helped to run the grocery store for eighteen years of her married life, she also used to sew clothes for additional income, and look after her five children. Now most of her time is spent looking after her grandchildren, as her daughters-in-law work part-time and have preschool children. Both Sharif and Rani have long standing type 2 diabetes and heart disease. They have made considerable changes to their diet and physical activity over the years.

The two daughters-in-law who live in the same street are Rani's nieces and were born in Pakistan. The other daughters-in law are UK-born Pakistani women. Fozia, the wife of the second son and mother of two, lives closest to Sharif and Rani and is a frequent visitor to their house. All of Rani's sons' families are in close contact with each other and their parents and share food frequently, including family dinners, on a fairly regular basis. This family was included in the study because of the apparent well-knit nature of the extended family. Fozia, the daughter-in–law, was my main contact person. Her husband, Amir was not willing to be interviewed, even after repeated requests. Rani and Fozia were interviewed.

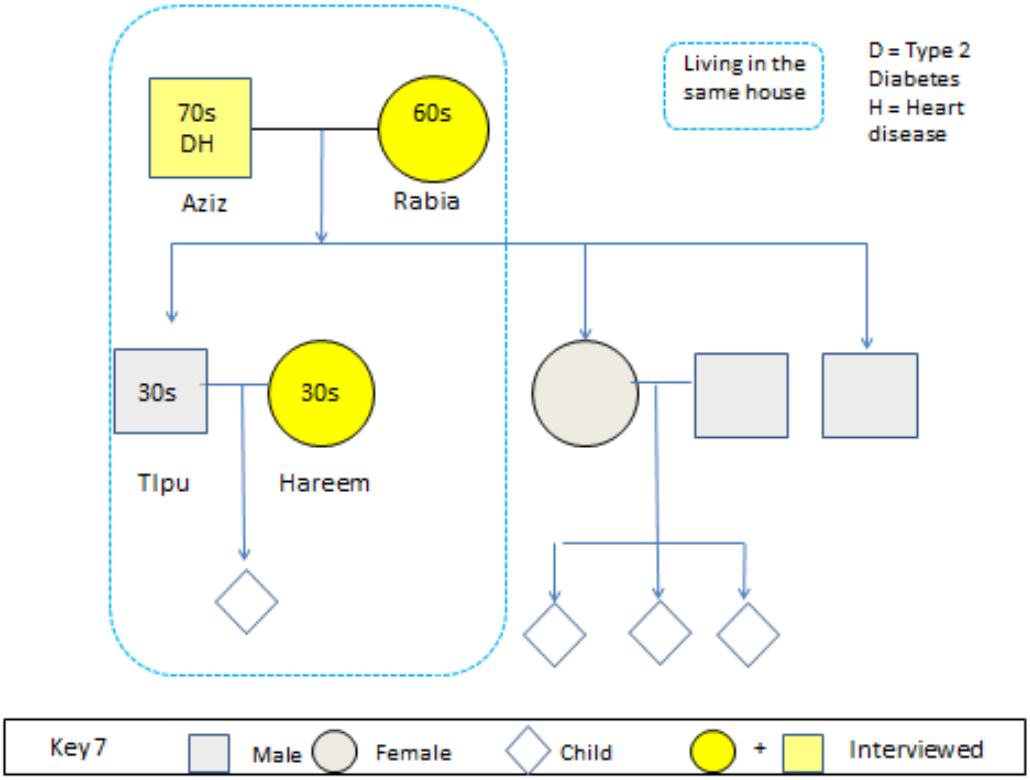
Family 6 - Zafar and Anjum, Hassan and Mona, and Razi



Zafar works full time in his own convenience store, along with his sons. He had been in the UK for fifty years or so, the last thirty of which he has spent in Edinburgh. His wife Anjum came over from Pakistan as a bride. They have three sons. The older two sons are married to Pakistan-born women and have four children between them. The eldest lives separately in Edinburgh with his wife and their three children. The middle son, Hassan, his wife Mona and their toddler child live with Zafar and Anjum. Hassan has a technical diploma, but has worked at his father's store for the past ten years, putting in more than ten hours a day, six days a week. The youngest, unmarried son Razi used to work in the restaurant business, but now works in Zafar's store. Razi also resides in Zafar's house.

Anjum has been a housewife all her life, and so is Mona. Anjum can hardly read and write, but Mona has ten years of schooling from Pakistan. Anjum and Mona keep each other company and look after Mona's two-year old together. Zafar has led a disciplined life and is health conscious. He is careful about his diet since he was warned that he could develop Type 2 Diabetes a few years ago. At the time of my data collection, Zafar had gone to Pakistan to look after his ailing mother, so we were unable to schedule an interview. Razi had lived on his own, and had recently moved back in with his parents. This family was introduced to me by a staff member of the Pakistani Society of Edinburgh. Four interviews were carried out; those with Anjum and Mona at their home, and the two with Hassan and Razi at their office, which is set up in the basement of their store.

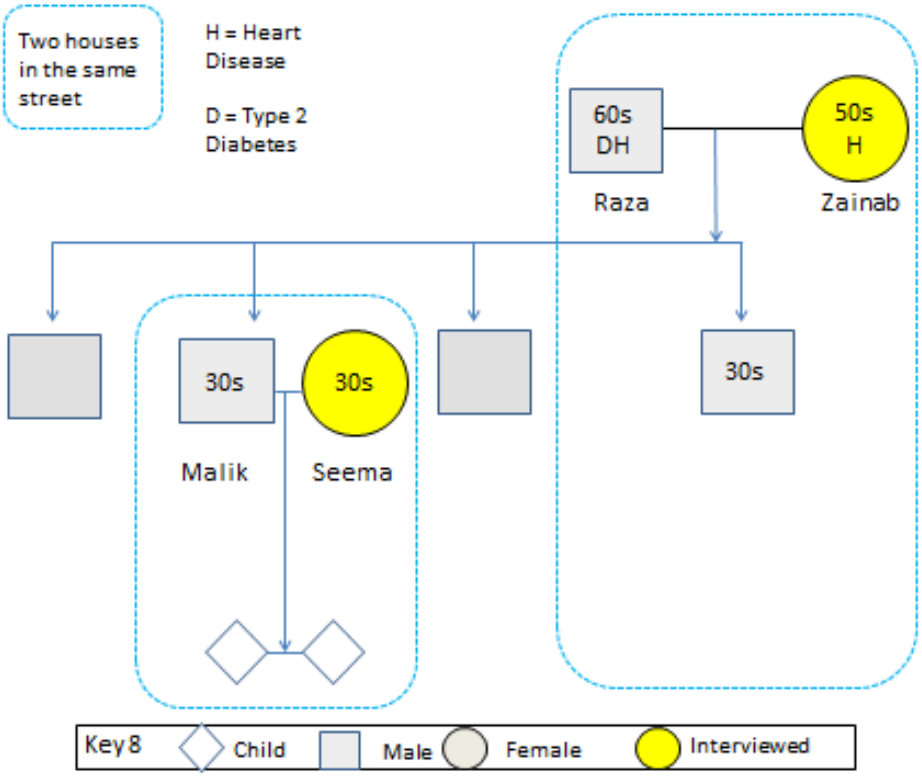
Family 7 - Aziz and Rabia, Tipu and Hareem



It has been more than 50 years since Aziz came to the UK as a young, unmarried man in search of a job. For the first ten years he worked in factories, and then worked as a bus conductor for another decade. For the rest of the time before his retirement, he was employed in other people's convenience stores. His own attempt at running a grocery store was not successful. His wife of forty-five years, Rabia, is from Pakistan and although she has no formal education, all of their three children have professional degrees. The eldest son, Tipu, lives in Aziz and Rabia's house with his Pakistani born wife Hareem, who has a graduate degree from Pakistan, and their primary-school aged child. After four years of working outside of Edinburgh, he and his family moved back in with his parents six months ago. Aziz's married daughter lives with her husband, three children, and parents-in-law in another part of the city. She visits her parents' house often, and sometimes her children come for a sleepover. Aziz and Rabia's youngest son is still unmarried and lives in another city for his work, he visits in the holidays.

Rabia uses one of the family cars and Aziz drives the other one, but only when Rabia is not around. Aziz is overweight, has restricted mobility and suffers from heart disease, high blood pressure and type 2 diabetes, and his hypertension and diabetes are poorly controlled. Rabia complained of high blood pressure off and on. Hareem suffered complications during childbirth due to her high blood pressure , and recently recorded high blood pressure during a trip to meet her brother's family. Aziz, Rabia and Hareem were interviewed separately.

Family 8 - Raza and Zainab, Malik and Seema



Raza and Zainab live in the same street as their son Malik's family. Raza came to the UK for work more than four decades ago, and went back to Pakistan to marry Zainab, who was only fifteen at the time. Zainab joined him in the UK six months after their marriage. Only one of their son lives with them. Another, Malik, has taken over his father's convenience store cum post office business, where his younger brother also works on Saturdays. Malik is married to a UK born Pakistani woman Seema, one of eight siblings. Seema has worked for many years in retail, first in her father's store, and later in her husband's, but does not work anymore. Seema and Malik have two children in nursery and primary school, and live across the street from Raza and Zainab.

Raza sent his three eldest sons to Pakistan when they were young children, to be looked after by his brother's family. The youngest son has lived all his life in UK. Two of the older boys came back to UK, while one has a permanent job in Pakistan. Raza and Zainab frequently visit Pakistan. At the time of my study they had just returned from a three month-long visit. Raza suffers from type 2 diabetes, had bypass surgery fifteen years ago, and has handed over the business to his son Malik, who works there six days a week. Zainab also takes medicine for heart problems and joint pains. The two families meet on a daily basis and often have food at each other's home. Interviews were carried out with Zainab and Seema separately. Malik could not be interviewed due to his acute health problems.

Chapter 5 Food and Eating in the First Generation

5.1 Introduction

The focus of this chapter is on the food and eating practices of the oldest generation included in my study. I will describe what the men and women belonging to this generation usually eat, as well as exploring the reasons behind their food preferences and choices both in the past and in the present. As demonstrated below, these choices were influenced by historical, social, religious and cultural factors. Spending most of their lives in a country which was different to their country of origin, and being members of multigenerational families also had a bearing on their current food and eating practices.

All the elderly members who took part in my study had been living in Edinburgh for more than three and sometimes four decades. Throughout the chapter, I will refer to the older people in my study as the first generation,. The preceding chapter gave a brief account of the configuration and living arrangements of the eight multigenerational families who participated in my study, and these can be referred to if the reader desires more information about individuals whose quotes have been used below.

5.2 Migration as an influence on food and eating among the first generation

5.2.1 Understanding the enduring influence of migration

As described in Chapter 2, and as I also found in my own research, the experience of migration was a major life event for members of the first generation which appeared to colour all of their other experiences both in the past and in the present. Indeed, even though I made my interest in food and eating practices clear from the outset, this group of individuals always wanted to foreground their accounts of their present day food and eating practices by recounting their experience of migration. Hence, I will start by giving a historical outline of migration and settlement as described by members of the first generation before moving on to describe their accounts of the food consumed during a typical day in their lives in the present.

In most families, the men had been the first ones to come to UK from Pakistan as economic migrants. Their original intention had been to make enough money that

their family could live comfortably and then return to Pakistan, a phenomenon referred to in literature as the "myth of return" (Anwar, 1978). However, their views had changed over time and they ended up staying in the UK. These initial migrants also facilitated their fellow villagers and relatives in coming to UK, a process described as "chain migration" (Ballard, 2002). As a member of first generation, Altaf was keen to share his experience of arrival to the UK, which had remained a vivid memory for him even decades later.

> *"I came here (UK) in 1957…was quite young then. Oh, yes, I came on my own. My maternal uncle was here already.... Yes. So my maternal uncle was obviously from the same area. So people from that area usually worked on ships at that time. He [uncle] did not come here by making a passport, he just landed here while doing job at the ship. There came a time, when I had it in my heart to come. I wrote to my respected maternal Uncle that I also wanted to....And he said you are too young, this and that....this is a country of hard manual labour....like there they think that once you reach England and everything is fine, so that is not how it happens....I said, "Well, we'll see about that, but I really want to", so he said, "Okay then come over". Then I came after making my passport, in 1957. So I was really young, so after coming here I didn't have any work for a while....two months…and he supported me".*
>
> *(Altaf, 80s, family 1)*

The first generation men, like Altaf, found their new surroundings totally alien. They also described how they had had to resort to manual labour to earn a living because they lacked both the education and skills needed to take on alternative employment. Indeed, most of these men had started off working as bus conductors or factory workers in industrial cities, working long hours and sometimes taking on extra shifts to earn as much as they could for their family back in Pakistan. None of them knew how to cook but they quickly learnt , because eating a home-cooked traditional meal of salan[1] and roti[2] was very important to them, not only as a step towards self-sufficiency, but, more importantly, because it signified a link to their homeland.

[1] Soup like curry made with meat and/ or vegetables
[2] Flatbread made with kneaded wheatflour

"At that time, my maternal unclewas [already] here [in UK]....he first asked me this question, "Can you make roti?" I said, "Uncle, I don't even know how to knead flour, how can I make roti?" [laughed]. [He] said, "No, this is the most important chore here, this is absolutely essential. You have to make your own roti, rather you [should] make it for others as well". So after coming here, I learnt how to make roti [and salan]. The two months that I was not doing anything....so I learnt this during that time... My Uncle told me to do it like this... You know, there is a desire to do something, and then there is a duty, which if done with desire [putting your heart in it], a person improves [can do wonders]. If done considering it a burden, then it doesn't go far...so that's why I was a really good cook. Like in those two months....meaning not only those two, but later on [as well], if someone ate roti or some curry that I had cooked, they remembered it for a long time."

(Altaf, 80s, family 1)

Initial migrant men such as Altaf accorded huge importance to eating their "own food". It did not matter how unfamiliar, laborious or difficult the task of cooking was, these men considered it their duty to continue to eat the same (traditional) food, and also to use their cooking skills to benefit others in the same situation. Knowing how to cook was seen as an essential survival skill as was highlighted by Altaf above, and the same sentiment was echoed by others in the first generation.

"When we came for the first time to another city [in UK] on my own, eleven of us used to live together, [all] single men……. I can make paratha and roti, everything, as I used to make the curry when we lived as bachelors. I could not knead the flour, so my other brother would do that for me."

(Haris, 70s, family 2)

Even after many decades, men like Haris could still provide an elaborate description of all the hardships they had had to endure in those early days and, as far as I could comprehend, food was seen as a source a solace, the only relief they had in those tough times.

Arrival in the UK changed many things by virtue of the men's single status, further complicated by lack of access to familiar foods in the market. Not being able to

speak or read English discouraged them from buying prepared food in the market, and being Muslims also meant they could only eat Halal[3] foods. Hence, alcohol and pork were prohibited and other meat was only allowed if the animals had been sacrificed in the manner approved by Islam.

Ensuring that whatever they ate was Halal was, and remained, an important consideration for these respondents. However, in the early days it took a lot of effort to obtain Halal chicken, and many, such as Aziz, were keen to describe the lengths they went to access this kind of food.

> *"We did not eat the other one [meat other than Halal] since day one. Chicken too we used to buy live, and then cut it up ourselves….When I came in [city], we used to go to the farm ourselves, and buy live chicken from there. So put them in a bag, maybe the feed bags for the chicken or something. So we used to make a small hole at the top, and put in one or more chicken inside, and bring it home. After reaching home, we would cut it the Muslim way, and clean it up, and then cook it."*
>
> *(Aziz, 70s, family 7)*

The above account demonstrates that Halal chicken was obtained with considerable difficulty. For this reason, and due to their initial hardship, it was eaten relatively infrequently, approximately once a week. Lentils and vegetables were usually used as alternatives; however, the lack of availability of familiar vegetables limited their choice and hindered frequent use.

> *"Well, among the vegetables that we were used to eating, we did not get any other than spinach…So these [vegetables] slowly came in, when our people started growing them here. Now if you go to Manchester or Bradford, there you will see that a lot of vegetable is being grown. So now our people have started farming as well….No [it was not this way], not back then."*
>
> *(Aziz, 70s, family 7)*

[3] According to the rules prescribed by Islam

5.2.2 Transition from individual migrants to families and community

Mirroring the literature described in Chapter 2, a few years after coming to the UK, these men went back to Pakistan in order to get married. Marriages were usually arranged from within their extended family, and their wives joined them some time later.

In Pakistan, women were responsible for the kitchen and food preparation, so the men promptly delegated these duties to them on their arrival. The women took up these responsibilities with fervour and made freshly prepared hot meals for their husbands as befits the breadwinner in Pakistani society, and to help sustain them during their long working hours.

> *"I used to get up in the morning to make roti for him, and he took it with him….He used to go to a factory where he worked all his life. So he started at eight, and came back at half past four in the evening. So I used to get up at six to say my prayers etc. At seven I made roti for him, and put curry in a handi [small earthen pot] which we had bought. After I put the curry in the handi, I made two rotis, and just allowed them to cool a little bit before packing them up, and put some fruit with it. And put all of it in a bag. So there he used to warm it on the cooker...at that time there were cookers. Then he used to eat it with roti. [He] did not take bread. Everyone [else] ate bread at that time, but our [Pakistani] women used to make the roti and pack it for them [their husbands]. Then he ate roti on his return as well."*
>
> *(Perveen, 80s, family 3)*

Grocery shopping, however, remained the husband's responsibility, because for cultural and religious reasons women were not encouraged to go to the marketplace where they would be exposed to the outside world unnecessarily.

> *"Well, I didn't feel any difference [from Pakistan] because [even there] I never went out to buy anything. [Here in UK too] my husband used to bring everything home. Whatever I asked him, he wrote down and brought it and I made use of it."*
>
> *(Zainab, 50s, family 8)*

As Zainab stated, most women felt that their food needs were adequately met, even

in the early days of their arrival in UK. This satisfaction might have partly been a reflection of the fact that by the time they came over, their husbands had been in a better position to afford the food items they needed. By this time there was also an increased availability of ethnic food stores selling Halal meat and other ingredients. The main difficulties these first generation women described encountering were due to the unfamiliar taste of certain foods and/or their initial mistrust of the kind of foods available in the market, which discouraged some women from consuming them.

> *"Well, I found a lot of difference in [taste of] milk. Milk, and bread too I didn't eat for the same reason. Milk I didn't like the taste, and bread I did not eat because these "goras[4]" make it, and I did not know how they made it and how they did not."*
>
> *(Rabia, 60s, family 7)*

5.2.3 The process of settling in

Reporting limited contact with family back home, as well as being forced to live in a new and strange environment, these women described their feelings of longing for home, particularly in the initial days.

> *"Sometimes I cry and think about my own parents whom we left behind when we came here, but my husband says we came here because of a reason. And being here we made sure that they [our parents] had everything, only God knows what we did for them. But maybe we did not do enough, maybe we couldn't go and express our love, or maybe we were not there with them at the time of their death.....this is a deficiency that we will always bear with us. That we should have been with them and shared their joys and sorrows...Now things have changed so much, you can make a phone connection in a minute, and book an airline seat and fly back home the same day. But in those days there were only letters, which took months [to reach places]. And then [to find] the person to write it… here we could, but there sometimes there wasn't anyone to write or read the letter...now those stories are no more... [There is] no comparison] to our times… we did not go back for five or six years."*
>
> *(Perveen, 80s, family 3)*

[4] Local white people

Just like Perveen, Shehnaz could still recall the isolation and homesickness of the initial years. She had come as a teenager with her father, leaving her mother and siblings behind in Pakistan, and had felt lonely and desperate for company after her arrival in UK.

> *"I was so very lonely in those days. My father was married to a Scottish lady. My own mother was in Pakistan. So I used to cry all the time when I first came here. Once I went to someone's place, without telling someone, for which I was scolded….There was this [Pakistani] girl who took me to her house, because I was so happy to meet someone like myself. She gave me a cup of tea. But my father scolded me and told me not to go to anybody's place without asking."*
>
> *(Shehnaz, 60s, family 4)*

It was because of this feeling of loneliness and nostalgia that women like Shehnaz made efforts to meet and maintain contact with fellow migrant women, and sharing food with them was a key way of achieving this. This led to the development of 'fictive kin' (Shaw, 2000, Banks and Ballard, 1994) networks, in which friends were treated as if they were family, a process remembered fondly by the female respondents such as Perveen.

> *"When we came to the UK, everyone was so kind and affectionate. Used to work in firms, [we] did not have shops then. We used to meet over the weekend, you come to my house [I come to yours], families and the rest ...everyone sat together...*
>
> *Me: So what did you do for food at that time?*
>
> *Well, did everything really...there was rice, and samosa[5], pakoras[6], or rice and chicken, and we sat together to eat. It was all the time like this, you know, like a party is? That is how [it used to be]. Even after coming here [to Edinburgh] it was the same."*
>
> *(Perveen, 80s, family 3)*

[5] Deep fried savoury snack with vegetable or meat filling
[6] Deep fried savoury snack made with vegetables and chickpea flour

As is clear in the above accounts, and as has also been documented by Shaw in her study of Pakistanis living in Oxford (Shaw, 2000), the arrival of female members was instrumental in the formation of a community of Pakistanis in UK, and sharing food played a vital role in this process. Hospitality had a different meaning in this context; food was an expression of caring and belonging. Although gradually the need for such get-togethers waned as people started to have their own families, this initial bonding period was still regarded highly by these older women. Now in their old age, these women missed the olden times when they had visited each other frequently and shared snacks.

> "*So we used to savour a bit of this and a bit of that. Company was the thing. All the women would get together; no one visits each other at home these days. In olden days, on the weekend, everyone used to go to visit each other's house, all men and women.*"
>
> *(Perveen, 80s, family 3)*

Consequently, women like Perveen had started attending social gatherings for older people organised by the local community as an alternative to these "family" gatherings. Food was often served at these events, typically lunches comprising salan and roti.

With the passage of time, the men settled down and many established their own businesses. As the family's financial situation improved, food items used infrequently or on special occasions in Pakistan became part of their every-day diet in the UK, with a discernible shift described as taking place from primarily lentil and vegetables to more frequent use of chicken and meat and butter and ghee[7]. Settling down was also accompanied by having children and increasing the size of the family, which stretched household resources, and because the wives of initial migrant men were neither educated nor used to going out on their own, they had limited opportunities to play an active role in contributing towards the family income. Most stayed at home and looked after the family conforming to traditional expectations and in accordance with their husbands' wishes. However, in some instances women reported that they had worked from home, or had helped their

[7] Clarified butter

husbands run their convenience stores. One such woman, Rani, talked about the major contributions she had made towards the family income, in addition to the responsibilities of raising her children and looking after the house.

> *"You know when we first came here, we were not this way [well-off], you know, to tell you the truth. We had three sons, had a car as well, and had a huge house in City H as well, so paid the mortgage too. And I couldn't spend freely at all then. I didn't know how to sew, so a friend of mine advised me to start sewing. So I used to sit down on the machine after dropping them [the children] off to school. I started sewing really well, skirts, shirts, trousers…I kept sewing for nine years. Then the kids got older, Mashallah, and we moved here [to Edinburgh]. After that we bought a shop and I worked in the shop for eighteen years."*
>
> *(Rani, 60s, family 5)*

Although women, such as Rani, joined forces with their husbands to enhance their family income, this did not relieve them of their primary job of homemaker. In the absence of extended family members who could have provided social support, competing job priorities adversely affected their household chores, including cooking. Indeed, while Rani assured me that she had kept her children well-fed, she also talked about making certain compromises to her cooking and food preparation:

> *"Their [my children's] teacher used to ask them, "What does your mother give you to eat?" They used to say that our mother gives us milk and she gives us eggs. Rest of the time she spends in the shop."*
>
> *(Rani, 60s, family 5)*

In rural Pakistani, milk and eggs are believed to be energetic foods, and good for children's growth. Eggs are also considered to be a kind of fast food, as an egg takes a lot less time to make than curry, but is a tasty accompaniment with roti. Therefore, as long as Rani was giving her children egg and milk, she said she had been satisfied that she was taking good care of them.

5.2.4 The introduction of the daughter-in –law

As is mirrored in the broader literature on migration and settlement described in Chapter 2, in all but two of the families interviewed, once the sons were of

marriageable age, daughters-in-law were brought in from the extended family in Pakistan. The purpose of this was not only to strengthen family ties, but also to ensure cultural continuity including: following the traditional meal routines and foods, and living as a multigenerational family. This mode of living was the preferred ideal for the first generation because of their own experience in Punjab, where all married sons and their families live with their parents and daughters move in with their respective parents-in-laws. Indeed, looking after elderly parents' needs is decreed as mandatory by Islam and is, therefore, a social and cultural norm in Pakistan. Hence, in situations where the parents and their son's family were unable to reside in the same house, they often compromised by living separately but in the same street or locality.

In families where the different generations lived in the same house, the first generation women only cooked if they felt like making something special, as the daughter-in-law was expected to carry out all the everyday food chores in the house with the mother-in-law having a supervisory role:

> *"I used to make it [the food] until now, but now it is all her [daughter-in-law's] job. I don't do much, only sometimes when I really want to, otherwise it's her. Earlier, I used to say this and that… even now she asks me what shall we cook, but now most of the time she does it herself, and I eat it without a word. "*
>
> *(Perveen, 80s, family 3)*

Indeed, due to traditional role expectations, older generation women not only expected their daughters-in-law to be responsible for cooking and related chores, they also expected them to ensure everyone ate the traditional meal, and in harmony too. This included Perveen who was concerned that her married son preferred western food over the traditional meal of roti and salan, a situation which she expected her daughter-in-law would be able to rectify.

> *"I used to say [before he got married that] your wife is going to sort you out. And he said if my mum couldn't do it, how can you say that for my wife. Who is she to do that to me. [laughs] I said some wives are able to [change their husbands' food habits], and he said no, not me."*

(Perveen, 80s, family 3)

Indeed, Perveen had arranged her son's marriage to her niece in Pakistan on the premise that it would help her son mend his ways and revert back to eating traditional foods.

Cooking is closely linked with serving food. Traditionally, it is usual for men to be served food that is freshly prepared accompanied by roti that is hot from the stove. Many first generation women referred to this as being an important way of showing their family that they cared, something that they had inherited from their culture.

"*Both father and son are used to it [hot from the stove roti] now, and I was the one who started it. After all they come home from work, mother wants them to have piping hot food, his [my husband's] mother would surely have felt the same way. The one who doesn't serve good food to her husband is considered worthless. Well, that's the way things should be. Men earn and bring money home, bring all the necessities, they should be given good food... [meaning] whatever men want [to eat] ...different, different things... I make two [rotis] for my son, and their father [my husband] always had two rotis as well. But they are used to eating roti hot from the stove. As soon as they have their last bite from the first [roti], the second roti reaches their plate. Both eat two. But the women are different. The roti can be cooked beforehand, as they can easily heat it up on the stove and eat it. "*

(Aliya, 60s, family 2)

Hence, in multigenerational households this was another responsibility which the daughter-in-law was expected to take on.

5.2.5 Provisioning and bulk buying food

Right from the early years of settlement bulk buying was preferred for grocery and other food items. The reasons presented this kind of food shopping were numerous, including better financial status and the desire to save money. Also, buying in small amounts was looked down upon for the reasons implied by Aziz.

> "*And let me tell you, I used to work at the meat shop, our people [Pakistanis] buy in large amounts, but they [British] buy in small amounts, [maybe because] usually they were singles.*"

(Aziz, 70s, family 7)

As Aziz notes, one reason for bulk buying was the relatively large size of Pakistani families. Other reasons for bulk-buying described by the women interviewed included the longer shelf life of certain items, the convenience of buying in large amounts and this being a traditional practice in Pakistan.

> *"Rice, flour and sugar...the things that don't get bad, these we bring in large amounts. [It] takes two or three months for them to finish. The meat too we bring at the same time. Well, usually it lasts a month, but if needed we bring more in the meantime."*

(Rabia, 60s, family 7)

> *"Well, I have always done that [bought in bulk]. Even back in Pakistan, we had a large family of 14-15 people so we used to buy lump sum, in sacks of flour etc. or cans of sugar and oils, and milk and butter was more than we could handle at home. Even over here, it remained the same."*

(Haris, 70s, family 2)

Men of the older generation spoke of shopping for food items in terms of responsibility and looking after the needs of the whole multigenerational family, as is the traditional practice in Pakistan. While some had had to stop doing the shopping due to health reasons (e.g. a heart attack) those who were still able to undertake this task, such as Alfaf, described taking pride in being able to provide their families with the best available foods in large quantities:.

> *"Yes, I am generous [in that way]. Meaning I have grandchildren too, so whenever I bring home fruit and other stuff, it is always....it is for everyone and I bring on large scale...for example, if I bring rice, it is a sack that I bring, and not 2 kilos or 4 kilos that I bring. If I bring flour, it is of course, a sack. Meaning whatever that is....when I had more kids, fruit too.... I had a fruit shop, I used to take fruit home and always good ones, and a whole pack. Even now, when I go to the market, if I find some fruit to my liking....Sometimes there are those small grapes like the ones in Pakistan... So if I like it, I don't even ask the price. I say we work whole day long, and when it comes to food now, we say to the shopkeeper, I won't give that much but this much,*

this annoys me. …[Sometimes] I also say I will give this instead of that, but not for food items."

(Altaf, 80s, family 1)

5.2.6 Past influences reflected in current food practices

As I have described, the first generation men and women looked at the present through an historical lens, and for this reason I felt their migration experiences should be included in my thesis, as this experience clearly influenced their current food and eating practices. Indeed, it can be argued that food and eating practices cannot be understood without some insight into the cultural and religious backgrounds that frame these practices. It was clear that the first generation emphasised their attempt to maintain continuity with their place of origin and other cultural and religious practices in their narratives, and downplayed the change that had occurred since their arrival in the UK.

5.3 Typical day

This section provides a general summary of the content and scheduling of meals and snacks during a normal day as recounted by respondents of the first generation, followed by an exploration of the reasons behind their food preferences and habits. It is worth noting that food intake differs considerably at the weekend, as well as on special occasions like Ramazan and Eid. Although the former will be touched upon briefly towards the end of this section, enquiring about the latter was not a key focus of this research.

When I asked the members of the first generation to tell me about their day, from the moment they woke up to the moment they went to sleep, almost all of them said that they were the first in the family to wake up in the morning, hinting that the younger generations did not keep the same timings. The majority woke up very early in the morning. Depending on the time of the year, this could be before 6 a.m. usually for their morning prayers, which were scheduled before sunrise[8]. However, they hardly had any food or drink at that time, and some went back to bed and got up properly after 8 a.m. On probing, it was revealed that three of the respondents

[8] It is mandatory for all Muslims to say their prayers five times a day. The first prayer is due before sunrise, which in this part of the world can be as early as five in the morning

took some form of food as a preventive or remedial measure for some specific disease such as type 2 diabetes or general illness. These foods were regarded as medicines and included a piece of Nashasta[9] or Himalayan salt and were taken first thing in the morning on an empty stomach so as to enhance their positive effect. These will be discussed later in this chapter, when I discuss and explore the health issues and related beliefs in this generation.

On weekdays, most of the retired first generation respondents waited for their breakfast until their daughter-in-law was free to prepare it after completing the morning rush of helping everyone get ready for work and school. The timing of breakfast varied from eight to eleven in the morning and this meal typically comprised cereal in some form, or a sandwich made from two toasted slices of 50/50 or wholemeal bread spread with margarine, with either salad and cheese, jam, honey or an egg (fried with or without herbs and spices). Sometimes this breakfast consisted of roti or parathas made with wholemeal flour, accompanied by salan leftover from the previous day. A cup of tea that was made by putting tea leaves into boiling water and then adding lots of milk before bringing it to boil on the stove was termed, "Pakistani tea" by the respondents. Occasionally this tea was replaced by "English tea", made with water boiled in the kettle, teabags and milk. Most respondents said that they had changed to low fat milk or "green cap milk", while one of them used "purple cap milk" instead of water to make tea.

Weetabix was taken with milk by most of the respondents and other cereals and homemade porridge were also reported. Sometimes more than one cereal was consumed and porridge was made by frying the oats in butter before adding the milk. Some also reported eating tinned tuna or tinned beans on toast and oil and spices were often added to the tuna or beans before cooking for a few minutes on the stove. One of the respondents said they ate steamed vegetables and fish alternated with eggs on toast.

The first generation said that they wanted to have breakfast with other persons available in the home in the morning, which sometimes delayed their breakfast until

[9] A home-made flapjack made with ghee (clarified butter), whole wheat starch, nuts and brown sugar

11 a.m. However, in cases where the first generation still went out to work breakfast was consumed much earlier than the rest of the family. In the majority of cases the daughter-in-law prepared breakfast and also provided company, if she was at home. If the daughter-in-law worked, as in family 2, the timing of breakfast was adjusted depending on her presence. In only one case (family 4), the first generation widow took all her meals on her own despite living in the same house as her son's family.

Most members of the first generation said that they still maintained a three-hot-meals-a-day eating pattern, although a few had reduced this to two. Lunch was taken between 1 p.m. and 3 p.m. and usually consisted of freshly prepared roti, made from wholemeal flour and spread with butter or margarine, and salan left over from the previous day, which could be either made of meat, vegetables or lentils. Occasionally spicy rice was cooked for lunch. The daughter-in-law usually prepared lunch if she lived in the same house, otherwise the older generation woman made it. Again the first generation couple usually ate lunch with their daughter-in-law, except when she was busy or outside the house. Due to a late breakfast, the interval between breakfast and lunch was sometimes reduced to three hours. The first generation couple in Family 1, who worked in the shop, reported having lunch at their workplace; this was either left-over food from home or a sandwich made from bread or roll and cheese, with a piece of fruit. Two couples (families 5 and 8) also reported having boiled vegetables and fish or boneless chicken cooked with a small amount of oil.

In between breakfast and lunch, the first generation couples who stayed at home reported having a cup of tea or coffee with a biscuit, yogurt or a piece of fruit as a snack. The women said they often made a fruit salad for the family to consume, because fruit was rarely eaten otherwise. Guests and family members were frequent visitors and, on such occasions, many fried sweet and savoury home-made snacks e.g. pakoras[10], samosas[11] and halwa[12]were served along with fizzy drinks and tea. The first generation said they also ate these snacks with the guests.

[10] Deep-fried spicy bite-sized snack made from chickpea flour and vegetables
[11] Triangular, deep-fried, savoury snack made from meat or vegetables rolled in white flour sheet.

The evening meal was normally eaten between six and eight in the evening, when most of the family members had returned home. It was considered the main meal of the day, hence it was freshly prepared and more sumptuous than the other two meals. Often more than one dish was made to cater to the wishes of all the family members, and even though all family members were expected to join in at the table not everyone ate the same food. Roti and salan or rice were always preferred by the first generation, and prepared for them by their co-habiting daughter-in-law. However there were exceptions in which chicken kebab or sometimes brown rice were eaten by the elderly who were living on their own. Many of the first generation reported having non-traditional dishes like fried or grilled fish (haddock or salmon), chicken roast with vegetables, or chicken pasta once a week. Sweet dishes such as zarda[13], sawiyan or halwa were also made about twice a week as a desert, although the first generation insisted that they now ate these much less frequently than when they had first arrived in the UK.

Before retiring to bed, the first generation shared a cup of tea, usually Pakistani tea, with the family and sometimes had a glass of milk as a bedtime routine. For some first generation individuals the interval between dinner and next breakfast often exceeded twelve to fourteen hours.

The weekend meals differed from those consumed during the week. First, breakfast was more elaborate, comprising four or five items from the ones mentioned above, including parathas etc. Second, it was consumed later in the day sometimes so late that it replaced the midday meal. Although the enhanced variety and quantity eaten often made the first generation forego their midday meal, if lunch was eaten at the weekend it consisted of the usual roti and leftover salan from the previous day. The weekend evening meal on the other hand was almost of celebratory nature, consisting of many dishes that were specially prepared such as: biryani[14], chicken curry, roasted chicken and roti. Guests and extended family members also joined the family most weekends. Sometimes the rest of the family ate outside home at the weekend, but the first generation rarely accompanied them preferring to eat at

[12] Sweet dish made with frying semolina in ghee/ butter with sugar
[13] Sweet yellow rice made with butter or oil
[14] Rich spicy fried rice with meat

home. However, when a takeaway (e.g. Pizza) was ordered or brought in the first generation joined in with the rest of the family and ate it.

Having provided this brief overview of what the first generation ate during a normal week, I will now look into the reasons behind these reported food practices, and illustrate with examples where necessary. The analysis is divided into four broad categories: cherishing and maintaining cultural and religious values, valued food attributes, accommodating other family members' food preferences and tastes and health-related food considerations.

5.4 Food and Eating Practices in First Generation

5.4.1 Cherishing cultural and religious values

As described earlier, individuals in the first generation did their best to retain their culture of origin and maintain their identity through everyday food practices. The first noticeable thing in their accounts was the way they referred to roti as a link to their homeland and almost as the mainstay of their lives. It was this deep association between food and culture that had resulted in the men learning to cook a traditional meal when they arrived in the UK. Indeed, I have already documented how proudly the elderly men declared that they had mastered the art of making salan and roti after their arrival in the UK.

At the time of their interviews, the first generation could not envisage a meal without roti, and were so used to eating it that they were often at a loss for words to explain why it was so important for them to eat it every day. Aliya tried her best to explain why roti was an essential component of her everyday diet, and it appeared as if nothing else could take its place in the menu.

> *"Well, we are quite used to it [roti] right from the very beginning...from Pakistan, so even if we miss it once, we are not satisfied....We just have to eat it at least once a day...Now if we eat rice once, we have an urge to eat roti for the next meal…just a matter of habit for us."*
>
> *(Aliya, 60s, family 2)*

Like Aliya, most of the first generation expressed their preference for roti over rice for everyday meals, and taste was only cited as one of the reasons.

"Previously we used to eat chapatti at midday. All seven days of the week we ate chappati [roti]. Very seldom we ate rice. Well, I always go for chapatti, like it [laughs]. Rice I can't eat that frequently. Well, the taste is such that we like rice just for one time and not more than that…"

(Haris, 70s, family 2)

Some first generation men and women also mentioned other qualities like satiety and strength that they associated with roti, citing these features as reasons for preferring this food.

"Of course, the strength depends on the kind of diet that you have. No matter how much we eat, after pasta, fish and chips or something else, we feel hungry after a short while. But with roti, you have a full feeling, even if you don't have anything else for the rest of the day. It has that strength. I feel hungry just after two hours otherwise. So it's better to make a roti for yourself."

(Anjum, 60s, family 6)

Although the majority shared Anjum's views, the exception was an elderly couple living separately in family 5 who had stopped eating roti altogether, the details of which will be outlined in a later section on health and food.

The preference for traditional meals comprising roti and salan was not the only thing that influenced the first generation. Their Islamic faith also affected their food and eating practices through their commitment to only eat Halal food throughout their lives and forbidding the wasting of food. Other influences included the importance of commensality, i.e. sharing food with family and friends, which is highly valued in Pakistani culture. Indeed, most of the first generation was of the view that ideally all family members should eat together, and preferably eat the same food. This ideal was rarely achieved, mainly because the younger generation were often out of the house during the day. However, to try to achieve this ideal, the first generation adjusted their mealtimes so as to be able to eat with other family members (see section 5.3.3 below). Sharing food with family and friends is a value encouraged both by religion and Pakistani culture, and many in the older generation expressed their surprise at its perceived absence in the local Scottish

population. Aziz went so far as to describe commensality as a defining feature of being a Pakistani.

> "*Yes, that's the difference with our people, you will realise with experience. They will make everything for you and if you won't eat, they will be cross as well… so this is the largest difference among us [Pakistanis] and them [local British]. Here I have seen, that one brother came to the other brother's house and stood on the entrance. One is not even saying to the other please come inside, other things [like offering food] come later, of course.*"
>
> *(Aziz, 70s, family 7)*

Aziz found it hard to understand how a man visiting his brother was not invited inside the house and offered food, as this practice was taken for granted in his culture.

Zainab's son had been brought up in Pakistan and was married to a British-born woman. He lived with his wife and two children in the same street as Zainab. She explained how food was regularly shared between the two households of their multigenerational family.

> "*Well, that [sharing food] is no big deal. The food is always prepared, either she [daughter-in-law] comes and takes whatever she wants, [otherwise] it's always here. And my grandchildren, they come over, and if they like what is cooked say that we want to have our meal here….And my son [the married one], he comes over here every evening to see what we're having. And if he likes it, he takes it to his place. And I have told my daughter-in-law that she doesn't need to ask, and can take whatever she wants.* "
>
> *(Zainab, 50s, family 8)*

Zainab's account was a typical representation of a multigenerational family who, despite living in separate houses, shared home-cooked food on daily basis. This sharing of food was not limited to immediate family but extended to family and friends who came as guests, in the form of hospitality. All efforts were made to serve guests with special food items prepared in their honour, as is the custom.

"*Last week my sister-in-law came with her two daughters, we made so many things for them. She came late that day, and asked us not to bother as they would come after having food. But in the evening we made pizza, fried rolls, samosas, made salad…. Well, they [the fried savoury items] are available, frozen beforehand, so we just take them out and fry them. We have to sit with them and give them company as well. The next day then we made rice, and meat curry etc. Well, my sisters- in-law are really nice as well. Whenever we go, they make so many things, and their food is so tasty as well.* "

(Anjum, 60s, family 6)

The first generation reported consuming food in larger than usual quantities when entertaining guests. Excess food prepared for hospitality purposes cannot be thrown away, because food wastage is prohibited and contrary to the teachings of Islam (see above). Therefore, all prepared food was likely to be consumed by one or more members of the family. Indeed, it was usual for the first generation, particularly the women, to utilise leftovers routinely for their breakfast and lunch.

"*You know, there are always guests visiting...so samosas, and pakoras, and spring rolls, kabab...these sort of things [are made]. Of course they have to be served to guests. Then naturally we get to eat some as well.* "

(Aliya, 60s,family 2)

Wastage can be avoided if food is made only in required amounts, or is shared with others in a timely manner. However, among the first generation, food was often made in large quantities for guests or for sharing with extended family and neighbours, and usually involved intricate recipes that required longer preparation times. Even on day-to-day basis, the quantity of food made was much more than required, to make guests feel valued, even if they arrived unexpectedly. As a result, a large amount of food was made available, and subsequently had to be consumed to avoid wastage as Shehnaz described.

"Well, what [else] can we do if it [food] is leftover? Of course we eat it to finish it off…because throwing it away is really unacceptable. If it turns bad only then it is

thrown away. Otherwise, here there is no such thing….and now that fridge is there, one can take care of it."

(Shehnaz, 60s, family 4)

5.4.2 Valued food attributes

The first generation stated repeatedly that they found it hard to compromise on taste. In fact familiarity and preference for taste were the primary justifications they gave for continuing to eat food items that they knew were not good for their health. Almost all the older respondents spread roti with butter, even those who said they had substituted butter with oil when cooking the main dish, i.e., salan.

"Yes, we use butter for spreading on roti…Why? Well, for our taste [laughs]. It tastes good, you know. And the roti becomes moist, and is tasteful too. "

(Shehnaz, 60s, family 4)

The use of butter, however, was not restricted to roti or salan, but extended to many other foods such as: sweet dishes, the snacks used for hospitality (e.g. samosas and pakoras) and special food items eaten as medicine. Even those individuals who primarily used oil in cooking used it in conjunction with butter for the sake of taste.

"Of course, [we use] oil. We use oil too, and butter we use for parathas... If the kids want them, we make them parathas and if we have to make halwa, we use it, otherwise there is no taste….For all other purposes we use oil."

(Faria, 50s, family 1)

Many tinned foods (e.g. beans and tuna) that were eaten for breakfast were also modified by adding butter and spices so that they had a familiar taste.

"So the beans are prepared. Fish is also prepared, the tuna one….we use the tinned ones...Yes, those[beans] too are tinned...We put just a little bit of oil, and add onion, and egg to tuna, and get two plates, which two persons can eat. That's how."

(Aliya, 60s, family 2)

The issue of eating butter is complex and will be returned to as an example of the complex decision-making processes involved in everyday food preparation later in

this chapter.

In addition to taste, the first generation included many food items (e.g. wholemeal flour, fish and whole milk) in their diet as they were perceived as having "goodness", i.e. as being good for you.

> *"Yes, it [milk] is blue cap. I started the green cap one, but then my son said that the blue one would have some goodness, so you should take that. So I started that [again]…because in the green one, they take almost everything out, it is so light. "*
>
> *(Shehnaz, 60s, family 4)*

"Goodness" was cited as a reason for preferring wholemeal flour for making roti and paratha, as many in the first generation thought it was more strength-giving, arguing that all the "goodness" had been taken out of the white flour.

> *"[For us] Flour is always wholemeal, as that is the best. Nothing has been taken out of it. And it is expensive, too. We have always eaten it. Once we brought another kind, just for testing, but we couldn't eat it. Used it by mixing it with the wholemeal. But there was absolutely nothing in it."*
>
> *(Haris, 70s, family 2)*

Their preference for familiar foods meant the older generation rarely ate out in restaurants or had takeaway food that was brought into the house, and all said they preferred home-cooked food.

> *"Very rarely...I hardly ever eat from outside, but sometimes the kids do that. Well, my children go outside, I have never done that, and nor do I like to. I don't like takeaway food because I say, how did they wash pepper, tomatoes, or wash meat....which might have fat on it."*
>
> *(Aliya, 60s, family 2)*

> *"I have, from the very beginning, cooked food myself, and served them myself. If you [the children] want to eat it, eat it, if you don't want to, go out and eat something else. From the beginning...Well, see, it is because of cleanliness. When they wash it in the kitchen, [who knows] whether they washed the dishes or not? And how do*

they cook the chicken or meat? Why take the trouble? [You might end up] giving double the money, and the thing is also not of your taste, so what is the use of eating that?"

(Rabia, 60s, family 7)

Both Rabia and Aliya shared concerns about the hygiene and not getting their money's worth if they ate outside the home. However, the first generation were willing to make an exception to accommodate other family members' wishes, and it was apparent that the need for commensality overrode their preference for familiar taste or concerns about cleanliness. The different ways in which they made compromises will be further explored in the section that follows.

5.4.3 Accommodating other family members

Although generally it is assumed that older people are more likely to be set in their ways due to their age, I found that the members of the first generation could be flexible in order to accommodate others. The most obvious example was the way in which they tailored their mealtimes according to other family members' schedules and preferences, particularly the timing of their breakfast and the evening meal. They explicitly stated that this adaptation was driven by their desire for commensality, i.e. for all family members to have their meals together. This adaptation was witnessed in most families studied, and the fact that the daughter-in-law was responsible for meal preparation contributed to this scheduling. Indeed, members of the first generation said they would go to great lengths to fulfil their desire to eat with other co-habiting family members. This included Haris who revealed his feelings about commensality when he talked about what happens at the start of a day when the rest of the family are at home:

"*You know, on a holiday, we go back to sleep after saying our morning prayers. Although I have to take an [insulin] injection, still it is ten or half past nine, by the time we get up again. …. Get up at five, then go back to sleep, and get up late. [Just] so we eat the breakfast all [members of the family] at one time.*"

(Haris, 70s, family 2)

The timing and spacing of the three meals differed between families and, as noted above, was usually dependent on the presence and work schedules of other family members living in the same house, particularly the daughter-in-law. In addition the first generation also accommodated other family members' food preferences. The fact that family members had a range of different food preferences meant that decision-making about food was complex and food preparation became a difficult task. For example, Rabia said she wanted to eat vegetables more frequently but that her food preferences were constrained by the likes and dislikes of those she lived with.

> *"Well, I think vegetables are healthy….and we do cook vegetables. [However] there are some that my husband doesn't eat. There are some that my son doesn't like. I and my daughter-in-law eat everything."*
>
> *(Rabia, 60s, family 7)*

Rabia's husband Aziz was of the view that having to eat the same food as the rest of the family acted as a barrier to managing his diabetes, for he was obliged to eat what was cooked for the whole family.

> "[*For a person with type 2 diabetes], sugar should be minimum, and similarly such things should be less which produce fat, like the oil and ghee that we use in our food. Well...I tried [doing that] but it is not that easy…Because the biggest issue is that whatever is being cooked in the house, I will [have to] eat it along the rest of us."*
>
> *(Aziz, 70s, family 7)*

Contrary to the majority of the first generation, Shehnaz admitted that everyone in her family had specific tastes, which differed from other members. She had decided not to conform to the wishes of other family members, particularly the children, and felt comfortable eating what she liked.

> "*Well, the children have their own choices, and they do eat different things. Also, it's not as if they [would] eat everything. They [children] have their own choices, so they eat the things they like, and we [adults] eat the things that we like."*
>
> *(Shehnaz, 60s, family 4)*

Shehnaz however, was an exception, as the majority of the first generation reported that they accommodated others' preferences in their food and eating in a range of ways.

As is evident from the examples given above, being a member of a multigenerational family and the values that these elderly individuals had been brought up with were important in shaping their everyday behaviour around food and eating in the present. The underlying meanings accorded to these values will be considered further at the end of this chapter and also in Chapter 8.

5.4.4 Health-related food considerations

As I described in Chapter 3, my respondents were unaware of my identity as a heath care provider and spoke freely about their concerns about and perceptions of their illness. Although the presence of chronic illness was not one of the selection criteria in choosing families for interviews, all except one family had at least one person suffering from a chronic illness. Type 2 diabetes mellitus (T2DM) was by far the most common chronic illness reported by my interviewees. In addition, hypertension, coronary heart disease and renal disease were also present in the first generation and cancer, arthritis and chronic lung disease were mentioned in a few cases.

In most cases, those affected with illness did not volunteer this information even when specifically asked about their health. Their first response was that they were fine health-wise and it was only when I probed by asking if they were taking any medicine that that they listed their ailments as well as the medicines that they were taking. Rabia took some time and probing to disclose her own and her husband's ailments, and even then she tended to downplay their severity

> *"Oh, that [our health] is fine. Like it is in old age [laughs] ….Oh yes, medicine we do have to take. I have a little bit of heart problem, and joint pains I have since childhood….He [my husband] also has a bit of heart problem, he had a bypass done...well even that was fifteen years ago, so the problem [first heart attack] was ten years before that."*
>
> *(Rabia, 50s, family 8)*

What Rabia termed "a bit of a heart problem" in her husband's case turned out to be three consecutive heart attacks, the first under the age of forty, followed by a bypass operation. I interpreted people's reluctance to disclose their disease status, particularly in the case of the male head of the family, as an attempt to avoid a label of weakness. It was this taboo, in my opinion, that made Rani keep her husband's disease status to herself, although she was very open about her own ill health.

> *"Rani: I was not well [earlier]. I have Sugar [T2DM], and my cholesterol is high as well, and blood pressure too I have since my eldest got married [13 years ago]….he [my husband] is fine health wise.*
>
> *Me: So is your and your husband's sugar [T2DM] controlled?*
>
> *Rani: Yes, mine is well-controlled.*
>
> *Me: And your husband's?*
>
> *Rani: He doesn't have it.*
>
> *Me: He doesn't?*
>
> *Rani: No, he doesn't. He is alright, Mashallah."*
>
> *(Rani, 60s, family 5)*

I could hardly contain my surprise, for I knew from previous interviews with Rani's daughter-in-law that Rani's husband Sharif has T2DM and has been very proactive in controlling it through diet and exercise; dropping a few stones of weight in the past year. As I had thought my question would give Rani an opportunity to talk about how well both of them were looking after their health, so I was taken by surprise at her refusal to reveal her husband's ill health even when I questioned her directly.

In contrast, a few respondents were forthright about illness. Shehnaz, a widow, admitted that she suffered from T2DM when I asked her to give an account of a typical day in relation to food.

"My normal day is such that...I am diabetic, and I have [high] blood pressure as well, so my diet is a bit different than the rest of the family…I was diagnosed six, seven years ago…."

(Shehnaz, 60s, family 4)

Perveen was similarly open about her husband's ill health; however, she also downplayed it by describing it as "common".

"Because my husband doesn't keep well, you know.... He refused the operation on his heart. They [doctors] insisted so much, but he remained adamant. He has no other illness whatsoever…of course diabetes and high blood pressure are there, but they're too common."

(Perveen, 80s, family 3)

During these interviews the first generation gave various explanations about their chronic illnesses, which provided insight into the perceived causes of disease as well as their present food choices. First and foremost was that T2DM is caused by excessive sugar intake.

"Well, reducing sugar is very important [if one has T2DM]…...because it is caused by sugar."

(Aziz, 70s, family 7)

In South Asia, type 2 diabetes is called "Sugar" in lay terms, and most of my respondents used this term. The advice to reduce sugar intake in case of T2DM reinforced this belief, and many interviewees talked about how their consumption of sugar in their earlier life had led to the appearance of disease. Perveen described how she had given up sugar in her tea when her husband was diagnosed with type 2 diabetes, long before she developed the same illness herself.

"No, not then [when I developed T2DM]. Earlier...I have had Sugar [T2DM] for the last four years, but long before that for the last twelve years, I take tea plain, without sugar. I [always] say, it didn't help me as I still ended up having "Sugar" [Diabetes]."

(Perveen, 80s, family 3)

Perveen verbalised her confusion that despite refraining from taking sugar for a long time she had still developed diabetes. This belief was almost unanimously expressed by members of the first generation.

Reflecting their understanding about the causes of chronic illnesses, the first generation implicated many other things in disease aetiology including: various chemicals, medication, chicken feed, and fertilisers. Aziz, for example, was adamant that his ill health had been exacerbated by the medicines he had been prescribed for his diabetes. Not a believer in modern medicine, he said that he had tried to control his diabetes initially through his diet.

> *"For me, the first 12 years it was controlled on diet. Yes, I spent 12...13 years like that [without taking any medicine]. But as you get older, so one doesn't remain the same….. Medicine you know...I feel I have it [high blood pressure] because of the medicines that they [doctors] gave me. Because when they diagnosed me with "Sugar" [Type 2 Diabetes], so with that medicine...right from that time, they put me on the other [hypertension] medicines as well… even though I didn't have it [hypertension] then. Afterwards, I [used to] think I have it [high blood pressure] because those medicines were added in the first place."*

(Aziz, 70s, family 7)

The above account highlights Aziz's mistrust of the modern health care system and the medicines prescribed for him. Even after his initial delay in starting medication he blamed his medication for creating another health problem rather than solving his initial ailment. He also said that he had stopped eating chicken and eggs because he believed that they contained chemicals harmful to health. Other respondents also expressed the view that the fertilisers used on food crops had a negative influence on food quality and made foods harmful rather than nutritious.

> "*Yes, I do [feel the difference in foods now]…I feel in food and other vegetable too, the fertilisers...I feel their [negative] effect is there [on health]. "*

(Shehnaz, 60s, family 4)

> *"Yes, it [T2DM] is common here [in the UK]. You know where this Sugar [Diabetes] comes from? The vegetables, or whatever other things they harvest, they use [fertiliser] spray for making it grow faster. So obviously, it will cause diseases."*
>
> *(Rani, 60s, family 5)*

In addition to fertilisers, stress was also implicated in causing chronic illnesses like T2DM and heart disease, especially by women, who often talked of the hard times they had endured in the initial days after migration when resources had been limited and they had had to look after the family in addition to working for a living.

> *"I have Sugar [T2DM], and my cholesterol is high as well, and [high] blood pressure too I have since my eldest got married. Well, I had headache, as I had to open the shop, look after the children...so on, so I had blood pressure worrying about it. So now I am on tablets."*
>
> *(Rani, 60s, family 5)*

Others, including Aliya, implicated lifestyle changes after moving to the UK; in her case, the adoption of a more sedentary lifestyle.

> *"Because at that time [in Pakistan], the housework was so strenuous, took up a lot of effort, and one sweated...they could have had ghee to their hearts content. Now the ones who eat and sit it out, ghee is not that good for them. Because it can cause heart problems, you know, so it is not good, this ghee….Then we used to do everything with own bare hands, now everything is done with a machine. So butter is not good…. Yes, back then we ate this much ghee [gesturing the size of a tennis ball], and then ate some butter, but worked as much too. Now when we eat the same way and sit on a sofa afterwards, of course it will harm us, don't you agree? …..So the butter that we eat now is harmful for us. The work that we did at the time made the butter we ate kind of disappear."*
>
> *(Aliya, 60s, family 2)*

Listening to the first generation's discussions of the perceived causes of illnesses, it was apparent that, although many of them lacked a clear biomedical understanding of the long-term implications of unhealthy diet, they considered their past eating

practices as responsible for their current health. However, they also recognised that what they had eaten in the past had been influenced by social, cultural and contextual practices.

Thus, religious motivation also affected the food intake in relation to health in the first generation. In Islam, the human body is seen as a gift of God, and taking good care of it is mandatory throughout life.

> *"Of course, we are going to be asked about it [about our body on the Day of Judgement]. This body of ours is a gift from Allah, what do you call it ...Yes, Amanat [something given in trust for safekeeping]. [We will be held accountable for] how we take care of it…protect it, am I not right? Did one do something for pleasure, or the idea was to protect the body."*
>
> *(Shehnaz, 60s, family 4)*

However, although the first generation were committed to look after their health and body at a spiritual level, in practice, other considerations like taste and family members' food preferences often took precedence in shaping their food choices. The way this religious belief was translated into action differed in different individuals, and there was evidence that the actual food and eating practices of the first generation were diverse and by no means constrained by their beliefs.

Members of the first generation reported using various strategies to cope with and manage their illnesses, especially T2DM. The majority who were suffering from chronic illnesses seemed to have made some kind of change to their diet, but the extent of that change varied widely. The most frequent change cited by those who had been diagnosed with T2DM was to no longer add sugar to their tea. In addition, some first generation respondents reported reducing their consumption of soft drinks and using low fat milk and yogurt. However, traditional homemade sweet dishes using sugar were still being prepared and were often reported as being consumed on daily basis by the first generation, although they assured me that their intake was greatly reduced compared with before. As Rabia explained:

"Yes, we do [make home-cooked sweet dishes]. I use sugar…[for making sweet dishes]. He [my husband] likes Zarda[15] the best. I just finished making it. And if our heart desires, we make halwa[16] as well. But that we make when we have a few guests come over. We make in such a quantity that it is finished in one go…Semolina halwa.. Yes, that one. And we make sweet sawiyan as well. Sometimes [I make sweet dishes] twice, other times thrice [a week]. We do try not to make it [sweet dish]."

(Rabia, 60s, family 7)

Rabia was insistent that she had reduced the frequency of making sweet dishes, however all the items she listed can only be made by using a lot of sugar and ghee or oil and once prepared, must be consumed due to religious restrictions of not throwing away/wasting food. Rabia served me with Zarda during my visit to her house for an interview and took a generous helping for herself and Aziz, even though they had just finished their midday meal before my arrival. Furthermore, she disclosed that she had made Zarda the previous day for her daughter's visit as well and that batch had been consumed within a day.

"Yesterday evening, my daughter and her children had come over. So we made spicy chicken, sweet rice, and meat curry. So all of us ate that…to our hearts content."

(Rabia, 60s, family 7)

This hospitality was often reciprocated and the culture of not refusing any food offered opened up the possibility of over-eating, or eating food items not advisable due to health reasons. For example, Perveen had T2DM and high blood pressure but ate all the food offered to her at the community meetings she attended.

"When I go to the [elderly] group, I have to eat [a meal] there….Not that they ask us to, but since we're paying for it, and we have to eat something as well…Well, the food is really nice. …one can take as much as one requires. The rice is brown and boiled. Sometimes there is Pulao[17], so then there is nothing accompanying it. There is [sometimes] curry with chicken, sometimes lamb, other times soup-like chicken.

[15] Sweet yellow rice made with equal amounts of sugar and rice, and butter/ ghee
[16] Semolina fried in ghee/ oil/butter with a bit of milk.
[17] Spicy rice with meat

Sometimes, there is vegetable, other times lentil. So we savour a bit of this and a bit of that."

(Perveen, 80s, family 3)

A full meal was offered at these meetings, and although Perveen expressed concern over her increasing weight, she ate her fill. Having paid for it, she felt obliged to eat, but the taste and variety of traditional foods and the company of fellow older women also favoured over-eating. As she attended these meetings two or three times a week, she frequently had a lunch that was much more elaborate than the leftover curry and roti that she would have had at home.

The last food-related change made by the elderly due to ill health was in terms of their use of oil and butter, while I will return to the use of butter in a later section, Rabia's description of her changing use of oil use reflects the experiences of the majority of respondents.

"It [butter] was cheap and good too… Oh, yes, we had lots and lots of butter in those days. Everyone did. All of us did….I don't know. It seemed as if everyone had come here to eat butter. But then suddenly the doctors forbade us to eat butter, and said we should have oil instead. And then there was Dalda [ghee] and everyone ate it. Loads and loads of it! Then the doctors forbade that as well, and said don't have that, use oil instead. So now everyone has converted to oil. Then olive oil arrived, so use that. Then said, no its vitamins are lost in cooking, so don't use it for cooking. So now there is only this oil [for cooking], either sunflower or rapeseed..."

(Rabia, 60s, family 6)

In two of the eight families, the first generation lived separately and in both cases they reported major changes to their diet. Rani belonged to one such couple, and both she and her husband had T2DM and high blood pressure. She commented on her ignorance about diet and health, which had led to an excessive use of butter earlier in her life, she said she had switched to using spray oil in her cooking.

"Yes, [earlier on we used] Danish butter. Well, at that time no one knew. The doctors didn't say...We ate lots of it. A whole bar was used for salan...The big one. We put one in a pound of minced meat. As much butter as minced meat almost..

Now [for the past ten years or so] since I was told about my disease, I have stopped having oil and sweet. "

(Rani, 60s, family 5)

Rani and her husband had also stopped eating roti to reduce their weight and control their T2DM. In other families, eating steamed fish and vegetable for breakfast was reported as well, however, butter was still used to cook the main meal and for spreading on roti.

Although health professional's advice was highly regarded by most of the respondents, it was interpreted in light of other existing sources of information. The informal sources included: friends and family, internet browsing, and hearsay or word of mouth from community members and other persons with the same disease.

"You can use olive oil, but you can use it as cold only. If you heat it up, it gets all spoilt. And that too, if you add it to the vegetables that you eat, you can add to that. We got to know a little bit about these benefits of oil.

Me: May I know from where did you get this information?

Well, [from] the doctors too. Some [information] was [obtained]…from reading as well. So it was that if you use olive oil for cooking, it is equivalent to losing all its goodness. So for this purpose...the one...what do you call it...rapeseed oil is the best oil of all…because it doesn't lose anything when it gets warmed up."

(Aziz, 70s, family 7)

However receiving conflicting information from different sources made it hard for the first generation to decipher what was best in terms of their eating and health. This included Perveen, who resented being asked to refrain from eating butter, particularly as she failed to understand the potential advantages of doing so.

"Olive oil...We use olive oil most of the time, but they say that too much olive oil is also not good. Now what can we do? Once they say one thing, and then the other. Now someone said, a relative, that olive oil when it becomes hot, it loses everything. I said now this. That one has to eat it raw, tea teaspoon on something, salad or something. If you cook it, then its effect is lost. I said well...Well, I told him, don't

tell us new things. I said the way it is, we have already stopped taking butter. And since we stopped taking butter, all our ailments started….. That's what I say. Butter is just not there [anymore]. We used to eat lots of butter. Ate so much, and now that we have stopped [using] it, it's not as if all the world is healthy."

(Perveen, 80s, family 3)

It is quite understandable that receiving many different messages created confusion, particularly when individuals, such as Perveen, found that their health problems had started after they had already made recommended changes to their diet. Others, like Altaf, suggested that they had received little advice about their diet.

"No child, there are some things that I avoid, others that I don't....I do a little bit…because here the doctors....the way their "method" is, they don't go into to the diet, what to eat and what not to eat. That is what "our" people do…So if there is no recovery, this is their shield. We didn't recover, people come and say, and they respond by saying you have surely not followed all the advice, especially food."

(Altaf, 80s, family 1)

However, most had received dietary advice and many respondents reported, that they had started eating fish once a week, heeding the advice of their health care provider, saying that they liked the taste.

5.4.5 Food perceived to have medicinal qualities

Different kinds of foods with perceived medicinal qualities were also eaten on regular basis by the first generation, but were not considered to be food items *per se*. These items included nasashta and alsi in the form of flapjacks or small rounded dumplings made with ghee, seeds and brown sugar. Aliya told me not only why she ate it, but also how nasashta was made. According to Aliya and those who ate nashasta it is thought to ward off the effects of a cold and is taken both as a prevention and cure for arthritis and backache. Both men and women ate it mainly first thing in the morning because they were thought it would be most effective. However, if the individual had T2DM, they would take it with their insulin injection rather than at breakfast. Interestingly, they did not tell their health care provider about their use of such items as medicine, and only told me after they felt secure

confiding in me, usually an hour or so into the interview. I was even offered a piece at the end of an interview.

> *"Oh yes, nashasta we always have... We just made it, and it has already finished once. All of us eat a little bit in the morning. Well, I don't know [the advantages] but my mother-in-law and other elders...they say that it has turmeric and butter and nuts of all kinds, which are hot, and this is cold climate so it helps to keep the body warm."*
>
> *(Perveen, 80s, family 3)*

Perveen said that nashasta was a remedy that had been in her family for generations and, hence, she considered it reliable, also it was good for balancing hot with cold. Other such health remedies included Himalyan salt, again taken with water first thing in the morning by Shehnaz, who had Type 2 Diabetes and hypertension. Although she acknowledged that her blood sugar level and blood pressure were too high, and also that the doctors had advised her against use of salt, she still believed that this salt would do her good based on her daughter's internet-based serch for information.

> *"Yes, I take water first thing in the morning. In water I add a salt….It is a special kind of salt, that is called Himalayan salt. That is, here the doctors say that that salt is not good for the blood pressure. But we [me and my daughter] have researched that that salt has minerals and I mean, has all the goodness in it. It is essential for the body and it is a must as far as drinking water is concerned as it causes the salt in the body to wash away. That's why. So, I take that salt, about one third of a spoon in 16 ounce glass. After drinking that water, I wait for ten or fifteen minutes and then I have my breakfast."*
>
> *(Shehnaz, 60s, family 4)*

5.5 The use of butter as an example of complex decision-making around food

This section has been added to demonstrate an important finding in my research that needs to be emphasised, namely that decision-making about food is complex and involves many different considerations.

Because the use of butter was very common among all members of the first generation it was frequently discussed in these interviews. Both male and female respondents described the extent of its use, both in the past and at present. However, as almost all suffered from one or other form of chronic illness and had been advised against the excessive use of butter by their health care providers, the subject needed to be broached carefully.

As I explained in Chapter 2, butter is used infrequently and sparingly and as a treat after hard manual labour in the fields in rural Punjab. Usually butter is converted to ghee by bringing it to boil, and then clarifying it by removing the fluid from the oily part. This ghee tastes different but has a longer shelf life and is used as a preservation method in a hot climate. Ghee is typically used for cooking salan, while either butter or ghee is used to make paratha (fried roti), or spread on roti.

As described earlier in this chapter, after migration, the men decided to continue to eat their traditional meal of roti and salan, and so learnt how to cook it. They said that butter was not only more affordable in UK, but that it also made the food tastier and so gradually more and more butter was consumed in meals, snacks and sweet dishes. The same trend continued after these men brought in their wives and delegated the cooking to them.

> "*We had lots and lots of butter in those days [after coming to UK]. Everyone did. All of us did.. I don't know [why]. It seemed as if everyone had come here [UK} to eat butter.*"
>
> *(Rabia, 60s, family 7)*

Many respondents provided justifications for their disproportionate use of butter in the early days; the majority of which were based on the general belief that butter was energy-giving food and as initial migrant men and women were required to do hard manual work, they needed it in large quantities and definitely had benefited from it.

> *"Well, the work at that time was also such, you know. The men had strenuous jobs to do. Even the women had many jobs, did everything with their own hands, [there] was much exercise. There was lino on the floor, carpet was just in one front room,*

the rest [of the rooms] had lino. Daily we brushed it, and then mopped it on daily basis, in large houses. If you don't mop it every day, it doesn't look nice. "

(Rabia, 60s, family 7)

As explained earlier in this chapter, bulk-buying was preferred by the older generation for most food items, and butter was no exception.

"We used to buy huge cartons [of butter], we ate butter as such. We ate "Lurpak" butter, and none other [than that]. We used to eat it in such amounts that we bought it in cartons. There was chicken when we cooked it, we put one and thought no, that's not enough, so we added another half."

(Perveen, 80s, family 3)

Some women, like Anjum, also recalled fondly how they had converted the butter into ghee and also how and why they used it.

"No, we do eat it [make ghee] now. I make a huge bucket full of ghee, by heating butter. You must have seen the large bar of butter, Lurpack. We bring a carton full of those bars, then heat them up. That or whichever Danish butter is available we heat it up, and strain the fluid at the top, so that the remaining becomes desi ghee. And then we use it in sweet dishes like Zarda and Sawaiyan. Otherwise we can't get the same taste."

(Anjum, 60s, family 6)

Although at the time of the interview, most of the respondents said that they used oil for cooking, when probed it was clear that butter and ghee were by no means excluded from their diet. Indeed, many preferred to start their day with some form of butter.

"*If there are parathas then parathas [laughs heartily], otherwise sometimes bread…. With butter, what else! We like it with butter only."*

(Rabia, 60s, family 7)

From their accounts it seemed as if they aspired to eat very small amounts of butter, but its actual use was much greater:

"*In very small quantity [we use butter] Maybe in vegetables. Makes them tasty you know. Sometime with oil, sometime separately….When we make lentil, it has to be butter, you know….garnish has to be with butter…. Well, we use half oil and half butter for cooking. And in rice sometimes use oil only...Yes, both simultaneously. We eat them mixed. We also make ghee from the butter by warming it up and draining the fluid which settles down…use it in halwa or rice, partly we use oil, and partly butter. "*

(Aliya, 60s, family 2)

As is evident from Aliya's account, butter was used on its own, in conjunction with oil or in the form of ghee, for cooking curry or rice, making sweet dishes, or garnishing certain dishes such as lentils. It is important to note that Aliya's husband had T2DM as well as heart and renal disease, and yet butter continued to be used in large quantities in her cooking.

"When we first came, it was butter, always. Danish butter. We bought a whole box, the large one having 40 pieces….. It [butter] was cheap and good too. It was really cheap. When I was here for the first time, at that time there were old coins. So you could get a pack for 5 pence. So we just used to put it in the cooking pot, and think it doesn't show, so let's put in half more….."

(Aziz, 70s, family 7)

Butter was also thought to improve the texture of the roti, making it easier to swallow and eat, while some respondents like Haris, pointed to its "strength-giving" properties.

"*Yes, we use butter….Why? Well, for our taste (laughs). It tastes good, you know. And the roti becomes moist, and is tasteful too."*

(Shehnaz, 60s, family 4)

"I feel too tired, so that's why I use butter. I do have a heart problem, I know but I feel so weak. They weigh me before dialysis and then right afterwards as well. Almost one kilogram is reduced, you know."

(Haris, 70s, family 2)

In addition to making food tasty, moist and energy-giving, the use of butter, satisfied another cultural expectation on the women, namely, that they ensure that their families ate their fill. Some oiliness on top of the salan or curry, from the ghee, was considered to be a sign of good cooking and suggested the dish would be tasty, consequently, meals prepared for hospitality were made using greater than usual amounts of butter and ghee. Even in households where oil was generally used for cooking the main meal, butter was still used for spreading on roti.

> *"No, butter on roti. But margarine on bread...[laughs] Why is the difference? Well, for roti, it has to be butter. Meaning that is how it is liked, and for bread margarine."*
>
> *(Rabia, 60s, family 7)*

As can be seen from the above, the first generation men and women had many different kinds of motivations for initiating and maintaining the use of butter and ghee, even when they knew it was not good for them or it was contrary to what their health care provider had advised them. Their decision to use this foodstuff was influenced by: familiarity in terms of previous use, its taste, its ability to improve the texture of roti and bread, the perception that butter has strength-giving properties and the desire to care for others.

After considering the importance of butter and ghee in their lives, it did not come as a surprise to see that the first generation missed not being able to use butter as freely as they wanted to and, still believing it to be a good food, they reported encouraging other family members to use it.

> *"Well, I told him [doctor], don't tell us new things. I said the way it is, we have already stopped taking butter. …We left it [butter] because of the disease, but I tell them [daughters-in-law] .....for the boys cook parathas, and spread butter on for them to eat. Yes, [it is] good for the kids. They have to develop and grow up."*
>
> *(Perveen, 80s, family 3)*

It is clear from the above analysis that the use of butter, which is only one of the many food items used by the first generation, involves complex decision-making and is influenced by a host of personal and external factors including: cultural

values (taste, hospitality, perceived strength-giving properties), personal factors (individual ailments) and environmental influences (moving to the UK). It also offers insight into why dietary change is so difficult to implement and sustain at both an individual and family level.

5.6 Summary

This chapter described the food and eating practices of the men and women of the first generation, who were living as part of multigenerational families. Most of the individuals in this generation were over sixty, had lived in the UK for three or more decades and were now retired. In six of the eight families included in my study they lived together with their children's families in owner-occupied houses.

This generation reminisced about the effects of migration on their lives as a whole, and nostalgically described food and eating as a means of ensuring a sense of connection and continuity with the life they had left behind in Pakistan. Although first generation men and women experienced migration differently, the need to maintain their identity overrode their difficulties in adjustment, and was reflected in the way they continued to prepare and eat traditional home-cooked meals. Single and young at the time of their arrival in the UK, men overcame traditional gender rules regarding cooking, but reverted back to their provider status once joined by their wives. The women expressed their cultural norms and expectations by preparing a variety of tasty and rich food items and serving hot meals to their husbands. Most elderly women had delegated the main responsibility for the kitchen to their daughters-in-law and had assumed a supervisory role, as is culturally appropriate.

As the material presented in this chapter has demonstrated, the food and eating practices of the older generation cannot be understood without reflecting on the historical context; for example, the reasons given for eating butter reveal how change in access to status foods resulted in over-use. A strong preference for roti was common in this generation, mainly because eating this food was a means of maintaining identity but also due to its valued attribute of providing strength. Similarly, there was a visible shift towards meat-based dishes in the everyday diet. Religion and culture were also cited as important influences on food and eating

practices because strict adherence to halal foods restricted the intake of food that was not home-cooked. Shopping for food was difficult for women due to religious restrictions, hence this role continued to be undertaken by first generation men during the early years. Also because most members of the first generation could hardly read and write they were could not establish whether labelled food was Halal. The preferred practice of bulk-buying items with long shelf-like can be traced back to Pakistan, where large families and an agrarian lifestyle made it a necessity as well as a norm.

Individuals in the first generation had undergone multiple transitions in their lives, including: rural to urban, poor to well-off, agrarian to industrial and traditional to modern, all of which had an impact on their food choices in the present. Within this generation, efforts to resist and undermine the influences of their new surroundings were reflected in them recreating the same multigenerational family living arrangement that they were accustomed to back in Pakistan. Bringing in a daughter-in-law from their extended families in Pakistan, who was more likely to be familiar with this setup and cultural knowhow, was an attempt at harmonising family life as well as helping to ensure cultural continuity for future generations. Despite these efforts, however, changes were visible in breakfast content and the timing of meals, as well as the introduction of non-traditional items at least once a week in evening meals, to accommodate the younger generation.

The presence of health issues among the elderly generation was common but usually accepted as part of the aging process. Though some elderly individuals had reportedly made major changes to their diet in response to illness, a general mistrust of, and confusion about, health advice was expressed. Information from varying sources often clashed with lay perceptions of disease causation and management. Chronic diseases were rarely attributed to past eating practices, and their management was only partially reflected in current food and eating practices. Identity maintenance and taste were usually prioritised over health, despite a concurrent religious belief in taking responsibility for looking after one's body.

The material in this chapter highlights the other (younger) generations' influences on food and eating, and this issue will be unpicked in subsequent chapters. The next

chapter gives an overview of food and eating among second-generation women and men respectively, outlining a typical day in their lives, and investigating how they use food to negotiate their identities, traditional gender roles and familial relationships.

Chapter 6 Food and Eating in the Second-Generation

6.1 Introduction

This chapter focuses on the second or middle generation, providing an insight into their food and eating practices within the multigenerational family. Organising this chapter was a challenge because this generation contained men and women, and there was a vast difference in their food and eating practices, hence both are reported separately, men after the women, in this chapter. As the initial sections of this chapter illustrate, the second-generation women were involved in several food-related activities in addition to consumption, such as: provisioning, preparing and feeding. Therefore, a great deal of overlap exists between this and Chapter 7 which describes the third generation, because feeding children was primarily the responsibility of these second-generation women.

I will begin by giving a broad overview of the second-generation women who were involved in my study. I will then provide a description of how the second generation women spend a normal weekday focussing on food and eating, followed by a few comments on how this differs at the weekend. Although women are still considered to be the gatekeepers of food in the family (Charles and Kerr, 1988), the presence of at least two adult females from differing generations in the family influences the overall food and eating processes in many ways, and I will describe these influences in the following paragraphs. I will also explore and explain the reasons for similarity or variation in food practices between families, focusing on influential factors such as whether the second-generation women had spent the initial years of their lives in UK or in Pakistan, their living arrangements in relation to their parents-in-law, and their current occupational status.

6.2 Second-generation women-a broad overview

All second-generation women interviewed were Muslim, married, mothers of children, and had extended family living in Edinburgh, but they were heterogeneous in other respects. I was able to interview nine such women, eight of whom were daughters-in-law, while in one family a daughter was interviewed in addition to the daughter-in-law. This married daughter was included because, even though she lived separately in a house located in the same locality/ neighbourhood

as her parents (within a mile's distance), she said she and her children visited her parents' house almost daily, and regularly had meals there. Six women lived in the same house as their parents-in-law while, in two cases, the living arrangement was such that the son and daughter-in-law lived in a house separate from the parents-in-law, but in the same street.

Even in cases where the multigenerational family was geographically spread out and had apparently independent food provisioning and cooking arrangements, I was informed that the three generations (elderly grandparents, second-generation men and women, and children) met frequently during the week, and routinely shared meals and food items. Other married children of the parents-in-law, who lived separately in various parts of Edinburgh, also visited their house on weekly basis, often sharing a meal. As explained in Chapter 2, the centrality of food at family reunions is reflective of traditional South Asian culture as well as religious Islamic values, which favour hospitality in relation to serving and providing food (Ballard, 1982). Many interviewees described partaking in food exchanges as being an important part of family life - an expression of kinship – as will be explained in detail later.

The majority of second-generation women were in their late thirties and had come to the UK after their marriage, having spent their initial years in Pakistan. The phenomenon of cross-cousin marriages is common for Pakistanis living in the UK and has been studied previously (Shaw, 2000, Shaw, 2001). Following a similar pattern, six of the nine second-generation women interviewed belonged to their husband's extended family in Pakistan. Their years of residence in UK corresponded with their years of marriage, ranging from three to sixteen. Only one of the women who came to the UK as a bride was not related to her husband before her marriage. Of the two second-generation women who had been born and brought up in UK, one lived with her husband, children and widowed mother-in-law in the same house, while the other lived in the same street as her parents-in-law.

The second-generation women differed with regard to the number of children (ranging from one to four) and the ages of children (ranging from two to fourteen years) they had. Similarly, their educational status varied from secondary school to

professional degree, but the majority had completed high school and could read and speak English reasonably well. The majority of Pakistan-born women spoke either Urdu or Punjabi interspersed with words of English in the interviews, while their British-born counterparts found conversing in English easier, with an occasional Urdu phrase used to express their point of view. Although all families owned at least one family car, both British-born women had separate cars at their disposal. Two of the seven Pakistani-born women did not have a driving licence and depended on their husbands to take them shopping.

At the time of the interview, three women worked part-time (16-20 hours a week) either at a store or office, while another ran a home-based business. The hours that the women spent working in a paid job normally coincided with their children's hours at school. The remaining five women were full-time housewives at the time of interview, but almost all had been in paid employment in the past, including: working in a factory, helping to run a family-owned shop, teaching young children the Quran, and sewing traditional Pakistani clothes for women. The British-born women reported that they had worked full-time at their fathers' convenience stores before their marriage. One continued to do so for several years after getting married while the other had started her own home-run business a couple of years ago when her youngest child had reached school age. Although the scope and level of responsibility varied between families, all these young women were primarily responsible for food-related activities, regardless of their occupational status.

6.3 Typical day

Second-generation women reported that they started their day early, mostly around half-past six. Most said that their weekday mornings were busy: they had to help their husbands and children as they prepared for school and work, prepare the family's packed lunches, and serve them their preferred kinds of breakfasts. These activities were followed by one or more round trips to the school. After returning from dropping children off at school, those women who lived with their parents-in-law also prepared breakfast for the older generation before sitting down for their own. Saima, a mother of three children, who had lived in the same house as her parents-in-law since coming to the UK sixteen years ago, recounted how she spent her morning.

"Well, I get up at six, because my husband leaves for work at that time… about half past six. I give him breakfast and make the lunch that he takes with him. I don't take breakfast at that time, just make it for him…because it is too early for me, and I am not used to eating that early. Then it is time for the children…my eldest child gets up at half past seven. I make lunch for children as well. Then I wake the younger ones. After the eldest leaves for school, I walk the middle one to school, then give my youngest something to eat. Only then it is my turn for breakfast [laughs] as by this time my parents-in-law are also up and about."

(Saima, 40s, family 3)

For the second-generation women, breakfast usually comprised left-over salan and roti from the previous day, resembling that of the older generation. Other food items such as Weetabix, rusk, toasted bread (white or 50/50) spread with margarine, or paratha and fried egg were also consumed. A few second-generation women said they ate tinned beans and tuna for breakfast, but described how they made the taste familiar by adding butter and spices when heating such foods up. According to these women, tea was an essential accompaniment and, although most of the Pakistan-born women preferred to have "Pakistani tea", a few made "English tea". Usually second-generation women said that they used the full fat milk brought in for their children, but a few said they used low-fat milk. Tea was also taken between meals, usually with a sweet biscuit.

Several Pakistan-born women stressed that they could not do without breakfast, and many referred to their breakfast as "heavy" comprising more than one item, saying that this was necessary because they usually skipped the midday meal and followed a two-meal-a-day pattern. The majority of women were reportedly too busy to sit down for a midday meal, and also did not relish preparing a meal just for themselves and then eating it on their own. The two British-born second-generation women said they had a cup of tea or some yogurt for breakfast, and did not follow the cultural tradition of keeping their co-residing parents-in-law company for breakfast.

The timing of a woman's breakfast depended on her daily schedule. If she had to leave for work, it happened quite early in the day, while it could be as late as eleven

in the morning on her days off and at the weekends. The second-generation women who did not go out to work spent the rest of the morning and afternoon running errands, grocery shopping and making trips to school. These women said they either had lunch with their parents-in-law between one and three (usually comprising salan and roti from the previous day) or they skipped lunch altogether. Women who worked outside the home reported taking a sandwich made with bread and cheese, or a piece of fruit with them, which they ate during their lunch hour. These women said that they usually shopped for every day grocery items on their way home.

Second-generation women considered the evening meal as the main meal of the day and they cooked this sometime during the evening. Second generation women regarded eating together as important, and said that they made considerable effort to make this happen for the evening meal. A variety of reasons were given by these women for not limiting the menu to a single dish, these included wanting to cater for the preferences and needs of different individuals in the family, to please their husband and to ensure that their children ate with the adults. On most weekdays, this meal comprised the traditional salan and roti, however, other dishes such as roasted chicken or grilled fish with boiled vegetables, or pasta were also prepared and eaten on one or more weekdays. The menu was considerably more elaborate when meals were cooked for guests and at weekends. The women said that the timing of the evening meal usually depended on the arrival of all the adults who work outside the house, including their husbands and parents-in-law.

Eating out of the house and bringing in takeaways was also reported as taking place more than once a week. The women usually preferred to buy non-traditional foods such as pizza, but also prioritised other family members', particularly children's, preferences regarding the choice of food outlet they visited as well as the food items eaten. In cases where the multigenerational family lived in separate houses they shared certain traditional dishes, usually involving intricate recipes, which were specially made for sharing, and also got together for at least one evening meal every week.

6.4 Food and eating practices

My analysis of this data revealed many recurring themes regarding the second generation women's food practices and relation to food, these included: adapting to new surroundings and a new family setup, negotiating relationships and cultural norms, balancing health and taste within food work, "doing family" through kin-keeping and by harmonising mealtimes, and juggling time, roles and resources.

6.4.1 Adapting to new surroundings and a new family setup

As detailed above, seven of the nine women interviewed were born in Pakistan, and six only arrived in the UK after their marriage. Many said that settling down had not been easy initially and had required a lot of adjustments. The most obvious challenge confronted by these women was the change in overall surroundings, which were very different from those in which they had grown up. Some women talked about how much they had missed their parental home and family, while others reflected indirectly on the feeling of loss that they had felt when they first arrived in the UK. Saima, for example, expressed her emotions eloquently when I asked her about her initial time in the UK.

> *"Well, everything was different...when you enter an environment that is altogether new [everything changes]….It was everything really. Well, the food wasn't too different…but well...the basic cooking is the same here as in our houses there [in Pakistan]…but oh, when the country changes, everything changes….In the beginning, I was very homesick, since my daughter too was born two years after I got married. So it seemed really strange....I couldn't adjust…used to cry all day long…. Yes, that's what I remember most. As for the rest, the weather was different, the environment changed… it was strange both inside as well as outside home. I took a while settling down. Well, it doesn't seem that way now, but at the beginning I was too homesick. But when I had children, things were different..."*
>
> *(Saima, 40s, family 3)*

Even after living in the UK for sixteen years, Saima still remembered how she had felt in the initial months, and I observed similar sentiments in other women's accounts. Although several women assured me that they had adjusted well to their

new environment they still perceived differences in the taste and textures of food, despite using the same ingredients and recipes as they had done in Pakistan.

> "*There is difference, of course. There the aroma/smell is very nice, meaning to say that although everything is available here, but it doesn't have the same taste, everything is different… These chillies even. Chillies smell differently here and there, the green chillies. And you know, the tomatoes, the potatoes, if you buy okra... Well, I did make curry for meals in Pakistan, but it was a bit different here, you know. The way you make things...everything is different here.*"
>
> *(Sabeen, 30s, family 1)*

It was apparent from these women's accounts that they missed the taste of home and strived hard to recreate it because it implied familiarity in an otherwise unfamiliar environment.

According to these women, acclimatisation to the new tastes took a while but this did happen after the first few years of living in the UK. Sabeen (family 1) confided that she had come a long way since moving to the UK, as she had not only learnt new ways of preparing traditional meals from her sister-in-law by using a chopper and blender, she had also learnt to follow many local recipes such as for shepherd's pie, though not without modifying them to suit her family's tastes by adding familiar spices. Indeed the use of butter and spices to make food taste familiar was frequently reported by these second-generation women. Such women described adding butter at the garnishing stage to certain dishes, reasoning that it helped to promote an "authentic taste of the cuisine". Achieving the right, or a more authentic, taste was perceived as an important outcome of food preparation because it suggested that the food was made with love by good wives and daughters-in-law and helped ensure that it would be consumed with relish.

> *"Butter in small quantity…very less... maybe in vegetables...makes them tasty you know, sometime with oil, sometimes just butter…but when we make lentil, it has to be butter, you know…the garnishing has to be with butter [for the right taste]."*
>
> *(Mona, 20s, family 6)*

Although most of the second-generation women belonged to their husband's extended family, they said that they hardly knew their husbands or parents-in-law prior to marriage because their visits to Pakistan had been rare. This is by no means an exception in immigrant families from developing countries (Dion and Dion, 2001), mainly due to financial constraints. In two cases, the husbands visited Pakistan for the first time for their marriage ceremony after it had been arranged by their parents. As described in Chapter 2, in the South Asian context, marriage is considered a union between families rather than individuals, and the bride is expected to sever ties with her own kin and consider her parents-in-law as her own parents after marriage (Banks and Ballard, 1994). Accordingly, these second-generation women were expected to get to know the dietary likes and dislikes of all their respective family members and to make an effort to accommodate their food needs.

> *"There is a certain change [since I came to live with my parents–in-law], everyone has their own choices...My mother-in-law comes [in the kitchen] and she makes thing her own way or …used to make them. But now we have gotten used to each other. "*
>
> *(Sabeen, 30s, family 1)*

Sabeen had recently moved back to living with her parents-in-law, after spending a few years as a nuclear family in another city. She was quick to clarify that, like most of her generational counterparts, she had adjusted to her new family environment.

As indicated earlier, many second-generation women reported that the number of meals eaten had been reduced from three to two per day. Reasons given for this change included reduced daylight hours and their husband's work hours, both of which made the evening meal a more practical option for the main meal rather than having lunch at midday and a late dinner. Some of the Pakistani-born women said that, although they had been used to a three-meals-a-day pattern before coming to the UK, they had now adapted to such an extent that the practice seemed odd when they visited Pakistan.

"Well, [initially] I felt as if something was missing somewhere, you know. Now I don't feel that way. Rather when I go back [to Pakistan], I have a feeling as if they don't have anything else to do except cook all the time… "Let's prepare a meal, yeah let's!" You know when we were there [on a visit to Pakistan], we used to finish our breakfast around twelve, only to have the midday meal again at two. And we could eat that too, as everyone was together."

(Hareem, 30s, family 7)

6.4.2 Negotiating relationships and cultural norms

Decisions around food required considerable negotiation between family members, on daily basis. British-born Arooj said she felt the pressure to conform to cultural food norms, including cooking traditional meals for her multigenerational family. She was keen to convey to me that her lack of interest in everyday cooking was by no means due to a lack of skill, for she stressed that she could cook really well. She explained that she just saw no point in investing a huge amount of effort in food preparation when the same food could be readily obtained otherwise.

"I am a pretty lazy cook. I can cook really well, but I just don't have [shrugs]….No, I do have the time, I've been sitting here doing nothing. I could have been cooking. But I am just not into it. Yeah, cause we worked all the time…, so my mother used to do all the cooking, so I never really took a lot of interest into cooking.. Yeah like not like mummies, I've got to have this, have this...I am not like that. So [shrugs]...and my mum wasn't like that either. Like, "Let me make this, let me make that!"[in Punjabi], like five, six dishes all in one...so I'm not like that. I'd rather just buy, make food every day for half days, or make a curry to last two days or something like that… Some people make like 5 or 6 dishes every day. People bother with all that! So you know most of the stuff yeah, you like it then you make it... No, if I fancy them, then we get them from the market."

(Arooj, 40s, family 4)

Labelling herself as a "lazy cook", Arooj ridiculed the way women of the older generation, including her mother, kept cooking one type of food after another and clearly stated that she had nothing in common with such women. Living with a mother-in-law who held the traditional home-cooked meal of salan and roti close to

her heart, Arooj seemed defensive about her inability to conform to cultural norms, but seemed to negotiate this through active resistance by emphasising that she prioritised food differently and did not believe in cooking every single day. She could not understand how other women in her position could cook for their families every day when the same items could easily be brought in from the market. These conflicting values between the two women of different generations and upbringing had the potential for creating a rift or at least some friction, particularly as these issues had to be negotiated on a daily basis. However, I could not find many examples of this, because if these differences of opinion exist they are usually kept hidden from outsiders to bolster the impression of a cohesive family unit.

When I was conducting interviews in this family the two women were usually within earshot, and sometimes chose to comment on what was said during the other's interview. I could sense that both British-born Arooj and her co-residing mother-in-law Shehnaz did not agree on many food-related issues, and were subtly trying to put the other one down in my presence. For example, when Shehnaz listed the ingredients of her own healthy breakfast, Arooj was quick to point out that the former was also the "paratha person" in the family, compelling Shehnaz to acknowledge that her breakfast included paratha as well. Similarly, while Arooj was providing information on how she managed her children's "balanced school lunches", Shehnaz pointed out that Arooj allowed them to eat a variety of "junk food", forcing Arooj to defend her stance. Shenaz also told me that both she and Arooj cooked in the family and hinted that Arooj favoured non-traditional food labelling it "English Food", depicting her daughter-in-law's lack of interest in cooking traditional dishes as a "deficiency".

> *"Well, both of us do [the cooking]. She does it and I do it as well. She is Mashallah, a very good cook as well. She is more into English food, you know. The other [traditional] ones she can cook as well like Pulao, lamb chops, curry. There is some deficiency in [her cooking regarding] vegetables, as they [Arooj and her children] don't eat them often. The kids don't eat them, for this reason."*
>
> *(Shehnaz, 60s, mother-in-law, family 4)*

The other British-born woman in the study, Seema, was also frank about her

inability to cook before her marriage, and also told me about her way of negotiating housework, including the cooking, when she first got married.

> "*Mostly I learned [how to cook] when I got married, and stayed with my mother-in-law. So I used to watch her as well. But then mother-in-law used to cook, and then it was too much for her because she was working with my father-in-law, and then she has to cook every day. And it just wasn't working, all the burden was on her, so I decided, I said Mum, why don't you cook for one week, and then you can clean the house one week. When I moved to my own house, first I used to get so nervous, really nervous. I usually didn't know what to do. But then I used to call my mum, watching recipes on YouTube… YouTube's great!*"
>
> *(Seema, 30s, family 8)*

As we can see from her account, Seema had a different notion of sharing the housework, one that is contrary to the traditional expectations of a Pakistani daughter-in-law. She appeared to be less familiar with the traditional hierarchical relationships between first and second generations, and treated her mother-in-law as more of an equal. While I have only described a couple of examples it was clear that these intricate negotiations occur on a daily basis and have a range of influences on food and eating in these families.

Managing leftover food

Another cultural practice that had its origin in the teachings of Islam and crossed over the generations was not letting any food items go to waste.

> *"I don't believe in throwing away food, don't throw away anything, may it be roti or bread, I do give it to the birds… the bits of leftovers, but never throw food away. My mother used to take great care so that nothing got thrown away [and] I have the same habit. Whether it is flour or anything, I use it before it gets stale, as I don't have the habit of throwing food away."*
>
> *(Sabeen, 30s, family 1)*

> "*We eat [the leftover food] the next day for breakfast, or in the afternoon if someone wants to, they can have it, but in our household, not a morsel of food is thrown away...we never waste a single food item.... it is one reason for eating more...*"

(Kiran, 30s, daughter, family 2)

Although children were encouraged to eat whatever they had on their plates, many of my Pakistani-born female respondents described finishing off what their children had left so as not to have to throw it away.

> *"[My child] takes a sandwich, whichever… egg or hash brown sandwich, and I make do with, you know how it is, a mother has to finish it up! Otherwise, I eat the leftovers from that breakfast, since those cannot just be discarded, you know."*

(Hareem, 30s, family 7)

However, not all second-generation women ate their children's leftovers, and British-born Arooj (family 4) was adamant that she took care of the leftover food in a different way.

> "*Well, most of the time, they don't leave a lot. One left some vegetables in his plate, so I just put them in a bag for the recycling bin. Now, for my youngest one, I just tend to put in [the plate] a little bit 'cause some things he finishes off, some things he doesn't. So I don't eat into their foods now. I don't do that stuff. I just put it in the recycling bin."*

(Arooj, 40s, family 4)

The difference in the way the two women, Hareem and Arooj, dealt with leftovers might be due to their upbringing and relative nearness to cultural values, however, I cannot state these as reasons with certainty due to the small number of British-born women involved in the study. Islam teaches temperance and hospitality, along with the related concepts that food should not be wasted and overindulgence in food should be avoided (Nicolaou et al., 2009). While these teachings were given importance, they appeared to be considered less so among women of British upbringing.

Traditional gender roles in transition

As described in previous chapters, in rural Punjab providing food from outside home has always been the job of the male head of the household because women are neither encouraged to go out of the house nor educated enough to undertake

exchange of goods and manage money. The same trend continued in the first generation of Pakistanis in the UK (see Chapter 5) and the fathers-in-law in this study often continued the chore of provisioning even when sons and daughters-in-law moved in with them. When the older generation men eventually relinquished this role for health or other reasons it was nearly always taken up by the second-generation women. For Pakistan-born second-generation women this practice was against traditional gender norms and one reason they gave for assuming a role that is traditionally carried out by men was that, in contrast to the second-generation men, they had more time on their hands. However, the fact that they left the house for other reasons like school runs, as well being able to drive a car were also important factors. For instance, Noor and Kiran were sisters-in-law who usually did the grocery shopping together.

> "*Well, it's myself and my sister-in-law together [who do the shopping for food]. It is usually once or twice a month. It's always me. He [my husband] never buys anything for home [laughs]. He wouldn't know the price of milk, if you ask him! Well, when I come back from work, I bring most of the things that we require that day…..But if the things are more, we make a list, especially for things that are to be bought from the Asian shop, [which we visit] whenever we seem to run out of stock.*"
>
> *(Noor, 20s, family 2)*

Like other families, Noor's husband was not responsible for the grocery shopping, and this may have been because he had two jobs which meant he worked seven days a week. However, it was noticeable that even if the second-generation men owned a grocery store or held desk jobs with regular hours, they were rarely involved in shopping for the family.

With two exceptions, the second-generation women had access to the family car or owned one, which they used for school and shopping trips. As they were mobile they could travel to find the best deals offered by the chain stores and often shopped around for food items while running errands, mostly buying in bulk like the first generation men. However, in contrast to the older generation men who had exhibited a tendency to bulk-buy and stockpile for cultural reasons, these women said that they bulk bought food items from supermarkets, primarily to save money.

Hareem described her provisioning choices:

> "*Well, Sainsbury and wherever there is an offer, we go and buy from there [laughs].Yes, you should see our garage....Well, in large families like my mother's, when we were there, we used to go for offers all the time. Even now, for the things that we want....So why buy expensive, when you know you can get it through 'buy one get one free'".*
>
> *(Hareem, 30s, family 7)*

Although the main motivation seemed to be financial, these second-generation women were prompted to go for quality and quantity at the same time. As we shall see bulk buying combined with the desire not to waste food might be responsible for a tendency to overeat in these multigenerational families.

Competence in cooking

Cooking is such a highly valued skill in Pakistani culture, that the second-generation women included in my study perceived cooking as a criterion on which they were judged on a daily basis as good wives, mothers or daughters-in-law. In their efforts to please others most of them went out of their way to meet such expectations. For example, Pakistan-born Hareem revealed her passion for cooking and her desire to learn more about it:

> "*I have learnt a few desserts here. Lasagne or pies. I am very keen to learn. I watch the cooking programs very closely, on TV or our own as well. I have recorded quite a few. And if I see someone's food that I like, then I ask them and then try to cook it myself. "*
>
> *(Hareem, 30s, family 7)*

According to her mother-in-law Rabia, Hareem cooked far too many dishes in much larger quantities than required apparently to keep her parents-in-law happy. She seemed to have achieved her objective from the way her mother-in-law Rabia talked about Hareem's cooking.

> "*She [Hareem} cooks all the time, and we eat all the time… if she enters the kitchen to make one thing, makes another one too along with it. That's what she does. Keeps*

cooking….All my friends who come and go...all are very happy that she cooks things for them. Makes them happy [too]."

(Rabia, 60s, mother-in-law, family 7)

Not only did Hareem cook for her family, she also took care of her mother-in-law's guests by making a special effort when preparing hospitality dishes. It has been argued that although hospitality promotes cohesion within a group, it can also enhance the image of the hostess by portraying her in a favourable light and distinguishing her as an accomplished woman (Nicolaou et al., 2009). Furthermore, serving an abundance of luxury foods can also be used to reinforce the host's social and economic status in the community. Hareem's attempts at cooking and serving an abundance of complex dishes seemed to result in elevating her image as a caring daughter-in-law in the eyes of her mother-in-law and her friends.

6.4.3 Balancing health, weight and taste within food work

Although many second generation women talked about health in relation to food, the way they described this relationship differed according to their understanding of health matters, their cultural knowhow and information obtained from formal and informal sources.

Most of the second-generation women were preoccupied with their appearance rather than health, and had strong views regarding their own weight and how their outward appearance should be. Most were conscious of weight gain and had either restricted their diets at the time of interview or expressed a desire/intention to lose some weight in the near future.

"But then I put on weight very easily as well. You have to believe that. I put on weight just like that. If I don't watch what I am eating."

(Seema, 30s, family 8)

The second-generation women's perceptions about the appropriate weight or size did not extend to their children. Mirroring cultural sensitivities and norms, they referred to an overweight person in their home as having a 'large frame', and this was often considered to be an inherited feature. For example, I observed that all family members in Hareem's multigenerational family, including her primary

school aged child, were overweight. However, Hareem explained this phenomenon by referring to genetics rather than their food intake and compared her overweight child to her husband's niece to emphasise her point that her child's appearance was not related to food intake.

> *"Well, my child takes after the paternal side in physique. Mashallah[18], my husband's brother is like this as well, and you have seen my husband too. He is like this [too]...and his sister is also a bit on the broader side. And all of my husband's sister's kids, they are all skinny. They eat fruits, and nuts, and everything, but they are so thin.... I'll tell you this morning…..I made two small parathas to feed these two cousins, and both had the same burger [later] in McDonald. Mashallah, she [my husband's niece] eats okay for her body, but she takes after her father and is thin."*
>
> *(Hareem, 30s, family 7)*

Hareem's argument was a familiar one, as I knew from my experience of working as a public health doctor in Pakistan that genes are more commonly implicated than dietary habits in a person's weight in Pakistani culture. Most of the second-generation women held the view that if two individuals ate the same amount of food, one might seem overweight because he/she "showed" the food relatively more than the other. This is based upon traditional views of food and bodies, which suggest that the same diet can produce different outcomes based on the physical disposition of the individual's body, as food interacts with bodily attributes to produce the outcome, i.e. increased weight. The same explanation was offered by Sabeen (family 1) when she talked about her sweet tooth.

> *"I don't make sweet dish at home too frequently, as I eat all of it myself [laughs]. So for this reason, I try to make it once a week or once every two weeks. It doesn't show you know, that I eat this much...too much. [In fact] I eat a lot of chocolate too."*
>
> *(Sabeen, 30s, family 1)*

This view of body weight was held by several second-generation women and discouraged them from dieting to bring about a visible change in weight. For example, Hareem was sure that her own weight had nothing to do with her food

[18] Praise be to Allah

intake because she "hardly ate anything" for the midday meal.

> "*Like I told you if I make fruit salad then I eat it, or after the evening prayer I take a slice of bread with the left over salan. [Even then] I am so fat! I fail to understand why I am this way!!*"
>
> *(Hareem, 30s, family 7)*

Some second-generation women alleged that they had to look after their weight because their husbands or other family members thought they were overweight.

> "*Well, I ...at night I like to have a biscuit, but my biscuit is the "weight watcher" one. I am very weight conscious. Well, I am not that conscious but my husband says that I am too overweight so 'lose some weight, lose some weight'! Well, I try to eat, like...less food, but sometimes there is a celebratory event or something, and then I can't help eating, so...*"
>
> *(Fozia, 30s, family 5)*

In the above examples, women considered weight to be a body image rather than a health issue and demonstrated a willingness to change their body for the sake of their appearance rather than their health.

Attributing value to certain foods

The older generations' decision-making about the use of butter, based on its energy-providing and strength-giving properties, was discussed in the previous chapter. Second-generation women also described using butter on the advice of their mothers or mothers-in-law and to promote an authentic taste in traditional savoury and sweet dishes. They assured me that they had reduced their use of butter over time, mainly to accommodate an older family member with T2DM, but could not bring themselves to cut it out from their diet completely. This finding is similar to those of a study involving older Pakistani and Indian people with T2DM, in which the respondents adopted the strategy of cutting down rather than cutting out high fat, high sugar foodstuffs from their diets (Lawton et al., 2008). Among their strategies to reduce the use of butter, several women stated that they made paratha

by using butter/margarine only on the inside, and not on the outside, considering this a healthier option.

> *"No, margarine on the inside, and nothing outside...we make parathas in such a way that we don't put anything outside. Of course, the one with butter outside is much more tasty and I like it, but it is not good for health. "*
>
> *(Noor, 30s, family 2)*

Noor's husband was always asking the rest of the family to adopt a healthier diet, however, Noor admitted that she found it hard to let go of all of the ingredients which made food tasty, including butter. Similarly, Hareem's recent visit to her brother's home had made her realise that the use of butter was excessive in her house. Still, she was reluctant to stop using butter, despite having high blood pressure at a very young age and knowing that it was not good for her, because she felt that butter enhances the taste of certain dishes.

> *"Oh, yes. We use such a lot of margarine in our house [Laughs] Me...you know I have just been to my brother's house. We were there for nine days. You wouldn't believe it, there I had roti without butter, and toast without margarine… I was giving my daughter toast without margarine as well. Mostly you know we are [the ones] doing it to ourselves. Roti we eat only after spreading with butter, not otherwise…. That's what I was thinking, that we can do it [stop eating butter this way]. Or when will I do it. You know, it is not good for anyone of us….But I'll definitely bring it….It would go into the things that need it. But it is too much. We should reduce it for our own good health. "*
>
> *(Hareem, 30s, family 7)*

Health and taste were two competing priorities in food preparation, and second-generation women talked about their struggle to balance these. This often resulted in a compromise as far as their health was concerned or made every day food preparation more complex.

Food decision-making was problematic for second-generation women because it involved balancing their views with those of other family members. When Noor was sharing the advice her health-conscious husband gave her, she revealed her

confusion and her perceived inability to reconcile his advice with the cultural and social meanings ascribed to some foodstuffs.

> *"[He gives advice on] overall healthy eating....like cutting down roti, bread pizza and pasta. But these are the things that are eaten. What else can we eat? What else is food anyways? "*
>
> *(Noor, 30s, family 2)*

Noor used her intuition and lay perspectives to make sense of the dilemma that she was confronted with on a daily basis. In several cases, the health of these second-generation women was compromised, because they did not prioritise their own dietary or health needs, but followed others' cultural expectations. Given that these women also saw it as their responsibility to make sure that no food was wasted, they ate food leftover from the previous day's cooking as well as what their children left on their plates. (See Chapter 7).

Women reported including fatty and sugar rich foods in their everyday diets that were previously reserved for festivals and special occasions. Prepared sweet snacks were bought from the supermarket and traditional sweet dishes (made of milk, sugar, rice and sometimes butter and cream) were prepared by the women. Once prepared, the family consumed them over a few days, as Sabeen pointed out.

> *"For a sweet, just Halwa[19] [laughs], fried saviyyan like the one at Eid. Saviyyan with milk we make. What else...Kheer [rice pudding] is there ...all Asian…I don't make it too frequently, as I eat all of it myself [laughs]. So for this reason, I try to make it once a week or once every two weeks."*
>
> *(Sabeen, 40s, family 1)*

Sabeen referred to saviyyan, a sweet traditionally made for the Eid festival that is now regularly prepared throughout the year and eaten by all family members. Making a sweet dish once a week did not mean that it was only consumed once a week, for it was customary to make sweet dishes in quantities large enough to last for days, and for all members of the family to have their fill. Similarly, although

[19] Fried semolina with ghee/butter, sugar and milk

Seema was British-born, had lived on her own, and had only learnt how to cook after her marriage, she listed names of several traditional sweets she usually made. All these sweets have a high sugar and fat content and take time and effort to prepare, but she reported making them frequently because her children liked them.

> *"Zarda. That's the one they like…Or saviyyan. I make Ras malai as well. They [children] love Ras malai. They love Asian desserts. Kheer, they like but not that much. Feerni I make, so they love it. I try not to make too much, because it is quite fattening, our desserts are …if it's rice it's really oily and sweet…sweet rice. Maybe after two weeks I make…like last week I made yellow sweet rice, this week I baked a cake."*
>
> *(Seema, 40s, family 8)*

Others, like Noor, provided a different justification for their consumption of sweet dishes.

> *"I can bake, but usually we buy from the market, as a little bit has to be eaten. Then there are saviyyan and sweet rice. Sweet rice we do eat, but only sometimes by mixing them with the saltish rice. Not otherwise… But we make halwa too. Oh, yes, and mithai [traditional sweets]…not always but occasionally though. If my husband goes to Glasgow, then he sometimes brings jalebi or other mithai. Such things we eat with tea, not like a sweet thing right after the meal."*
>
> *(Noor, 20s, family 2)*

Two things were striking in the above. Firstly, Noor balanced the sweet rice with the savoury dishes in an attempt to balance the healthy and unhealthy food. Secondly, she thought sweets taken with tea did not count as a sweet dish because they are not taken after the meal, as is the custom in Pakistani families.

Biryani is another example of a festival food that is now adopted in the everyday diet. This is a kind of spicy rice prepared with oil and meat, which Sabeen said was made tastier with the help of several additions.

> *"We make biryani with meat…Mutton or lamb. Shoulder. And there are a lot of things in our biryani…I put in eggs, boil them and put them on top. Meat of course*

is there. Then I fry potatoes and add those. And fried onion. And whole green lentil. All these in layers."

(Sabeen, 30s, family 1)

6.4.4 "Doing family" through kin-keeping and harmonising mealtimes

One of the major roles that second-generation women are expected to play is that of ensuring harmony inside home. In other words, they are responsible for doing the family's emotion work (DeVault, 1999) or kin-keeping. By kin-keeping I refer to all the roles and functions that the second generation women are expected to perform to keep the family as a cohesive functioning unit, including: looking after the emotional needs as well as the physical ones and, most importantly, facilitating positive communication between family members (Brown and DeRycke, 2010).

Many levels of hierarchy and decision-making exist in a Pakistani multigenerational family (Zaman, 2014). Responsibility for food is one way of doing kin-keeping, particularly as according to the South Asian traditions, food has been used as means of forging kinship ties (Shaw, 2007). I observed this type of kin-keeping through food in the families involved in my study through: food preparation inside homes, food sharing with relatives, and hospitality meals for visiting relatives and friends. Even eating out or takeaways sometimes served this purpose.

I described earlier the cultural expectation that these second-generation women will provide a traditional hot meal for their family. In addition to this, sharing food with extended family who live separately is also considered important. Kiran lived separately with her children, while her parents lived with her brother's family a couple of streets away, and her married sister lived nearby. She said that she prepared and shared food with all of them on a regular basis.

"*Yes, we meet very frequently, and exchange food frequently as well. If I make something or my Baji [elder sister] makes something, we send it over to the other's place too. Of course, one knows what the other person likes...for example, if it is "karhi" [a dish made with chick pea flour and yogurt with lots of oil and pakoras in it] or sesame leaves, if it is some speciality like this, so we make it on large scale, as it is shared with all the families living nearby. "*

(Kiran, 30s, daughter, family 2)

As Kiran's quote illustrates, some cuisines that involve intricate recipes were prepared with the idea of sharing them with all members of the family. In other families, food exchange was not reciprocal but a one-way process. For example, Pakistan-born Fozia's mother-in-law lived in the same street and did not cook traditional curry/ salan anymore, so often Fozia used to send her some that she had cooked.

> "*Well, I do share whatever I cook, but my mother-in-law seldom makes a dish in her house. So she never [sends something over]...if she does cook, then she shares with us.* "

(Fozia, 30s, family 5)

In contrast, Zainab (family 8) said that her son often came to her house to eat before going home after he finished at the grocery store, and she was happy to offer him traditional food that she had prepared. She also said that her son, daughter-in-law and grandchildren were all welcome to eat her food.

> *"Well, [sharing food with my son's family] that's no big deal. The food is always prepared, either she [daughter-in-law] comes and takes whatever she wants, it's always there. And my grandchildren, they come over, and if they like what is cooked [they] say that we want to have our meal here…So I make it for them as well. And my son, the married one who lives down the lane, he comes over here every evening to see what we're having. And if he likes it, he takes it to his place. And I have told my daughter-in-law that she needn't ask, and take whatever she wants to take."*

(Zainab, 50s, family 8)

Zainab's account shows that although the extended family lived separately in two houses, food sharing was frequent.

Offering to guests hospitality snacks and meals that are much more elaborate than regular meals, are a means of reinforcing family ties and demonstrating to guests how much their visit is valued. Women described how these foods were often prepared in advance in anticipation of guests' arrival.

"*Well…[we make many food items] that's because we cannot give tea on its own. It doesn't look nice, if you just keep biscuits alongside tea. That seems a bit awkward… So although it is not absolutely necessary that fried things are served, one might have to take something out from the fridge, like rice or zarda or something else. That too can be offered. Any other thing can be offered...It's like we are taking good care of them. I often make kababs and then freeze them. So if there is a guest, I defrost them and put them in the oven.*"

(Saima, 40s, family 3)

In addition to serving special foods to family and guests, second-generation women are responsible for keeping mealtimes a harmonious and peaceful experience. They are expected to ensure that the evening meal is prepared and served in such a way that everyone eats together and enjoys the meal. Most women had to put in considerable effort to meet this expectation, including Fozia who described how individual preferences made it difficult for her to plan a meal that everyone can eat. She illustrated this by describing how she cooked rice for a meal.

"*I don't have the one [rice] cooked with chicken. If there are chickpeas in rice, then I eat it. But my husband doesn't like the one with chickpeas. The kids are fond of boiled rice. [But] if I make boiled rice, me and my husband have brown rice, both kids have white rice. But rice I do make once a week, over the weekend, either on a Saturday or Sunday.*"

(Fozia, 30s, family 5)

Although Fozia cooked rice only once a week, she had to think hard about its preparation, as many different preferences needed to be considered. For Saima on the other hand, it was the parents-in-law who had specific dietary needs due to health reasons; she talked about how she had to make an effort to look after their needs as well as accommodating those of the rest of the family.

"*Sometimes it does happen, if the children want fried things, something else has to be made for the grandparents.*"

(Saima, 40s, family 3)

Relational issues were predominant in determining how mealtimes progressed, and second-generation women were conscious of their responsibility to keep things running smoothly. Commensality has been used both for demonstrating family cohesion as well as managing dissonance in relationships (Fischler, 2011), and this was observed in Sabeen's family meals. Sabeen described how her husband and father-in-law had recently had a difference of opinion, and how her husband refused to sit down at the table with the rest of the family. As she was responsible for preparing and serving food to the family, Sabeen was put in a difficult position, for she had to look after all family members.

> *"Yes, friction...there is some in the family [between father and son], so they don't eat together....So in the evening, he doesn't take food with everyone. If he knows that, you know, [his father is at the table] he is not going to join in..... it does happen....it happens sometimes….When the food is ready, I call the children, and everyone sits down to eat together. Sometimes I eat with them, sometimes I eat with my husband. That's how the things are..."*
>
> *(Sabeen, 30s, family 1)*

Sabeen's plight was reflected in her statement, as she wanted to fulfil the expectations of a smooth and harmonious mealtime and this was not always possible.

"Doing family" is a term derived originally from "doing gender" (West and Zimmerman, 1987), and encompasses family practices that are everyday in nature, constructed frequently through interaction between family members, and through which they are usually judged as a family in the private sphere (Morgan et al., 1996). When this sphere becomes public, it changes to "displaying family". In the Pakistani context, older men hold a very privileged position within multigenerational families, as was evident in family 6 when the father-in-law went to Pakistan for a two-month visit. Since he was the one for whom a fresh evening meal was prepared every day, Mona said she felt relieved because she and her mother-in-law not only cooked less frequently in his absence, but also substituted proper meals with snacks.

"No, now that Daddy is in Pakistan, we don't cook that regularly. Because he has to have roti as a must, but we can eat other things as well, pizza or something else. Sandwich maybe…. when Daddy is here, then we eat at five on the dot…. [Now] it is sometimes six or even seven by the time we eat…we just have snacks in between… can be crisps, or ….if we go outside the house, we buy a pie, or chips or…cream roll."

(Mona, 20s, family 6)

It is pertinent to note that, although Mona's parents- in-law had been in the UK for more than three decades, Mona had only arrived in the UK three years ago and she had already exchanged roti for other food/snacks and altered her meal schedules in the temporary absence of her father-in-law.

All the above activities constitute "family work" in the sense that food was used by the second-generation women to extend and cement kin and non-kin relations. Ensuring that family meals happened and were a pleasant experience took a lot of effort, time and emotion work as is demonstrated in the following section.

6.4.5 Juggling time, roles and resources

In these interviews the second-generation women made it clear that they were very busy and constantly having to juggle a range of roles and responsibilities. Time was seen as a precious resource and time pressures were particularly evident in the interviews with those who had part-time jobs, who said they needed to manage their time more efficiently. The resulting burden on their lives produced role strain, because they were not relieved of their domestic chores and had to do them in addition to their paid employment.

The time pressures on second generation women were also apparent in the interviews with those who aspired to work outside the home but thought their family would be unable to manage without them being there to undertake all of the household chores.

"Sometimes I think, "Oh, I don't have a job!" Then I think again and say to myself, "I am busy 24 hours a day. If I start working, who will be responsible for all of us?"

When you're living in a [multigenerational] family...sometimes to clean the whole house, I have to empty the hoover thrice, the day I do it all at once."

(Hareem, 30s, family 7)

The women talked about how very simple things occupied their time, for example, Hareem, a fulltime housewife, said described how found it hard to believe how many times she went up and down the stairs of her first storey flat during the course of a normal day.

"Yes, I was thinking that the number of times I go up and down these stairs, there would hardly be anyone else doing the same. Really!! I counted once. First it was my daughter to school, then I had to put the garbage in the bin…. then I dropped my husband off, then ....I was on the run all the time!!..I don't know how many round trips I made that day."

(Hareem, 30s, family 7)

Hareem's dilemma was echoed by other second-generation women including Sabeen who described how most of her evenings were spent in the kitchen.

"*Sometimes right after reaching home from school, I make tea or sometimes I don't....I have just this much time...two hours or so...as I reach home at 4 o'clock. At times it happens that all my time is spent in the kitchen; once I come in here, I cannot go outside till 8. It is 8 o'clock right here. I don't know where the time has gone!"*

(Sabeen, 30s, family 1)

In some cases, women described having developed 'short-cuts' with food preparation in order to relieve the pressures on their own time, wherein they adapted a traditional dish and/or made use of pre-prepared elements. This included Kiran who described how she sometimes used wraps which she purchased from the supermarket rather than making roti from scratch.

"*My mother keeps saying even now she says that I am spoiling their [my children's] habits, and I should make more roti for them, as it is good and healthy for the children. So now...just to be quick, to avoid kneading flour for roti, it is a long job...it*

is an issue with time, so I use wraps. So those wraps, I still have some in my fridge…"

(Kiran, 40s, daughter, family 2)

6.5 Summary (Second-generation women's food and eating)

The second-generation women involved in this study had multiple roles and tasks to perform within the multigenerational family which were dynamic in nature and which, as the findings presented in this chapter suggest, required them to adapt, negotiate and juggle food related chores with other aspects of family life. As the findings in this chapter also suggest, the presence of more than one female member in some of the multigenerational families made the performance of such tasks more complicated. This is because, even though the major tasks associated with food such as cooking and eating were delegated to the daughter-in-law upon her arrival, the mothers-in-law in these families retained a position of authority and continued to supervise and advise on food-related activities. While this traditional mother-in-law/daughter-in-law dynamic remained intact in most of the families involved my study, I did also observe same changes in gender-based roles around food provisioning. Mostly notable was the way in which the second generation women had taken on responsibility for food shopping, this task having erstwhile been the responsibility of the husband or the father-in-law. As the findings in this chapter have also demonstrated, food was used by second-generation women to negotiate their identity and role within the multigenerational family. For these second-generation women, cooking skills were a means to secure their position as the woman of the house, and promote harmony in the family. Although preferring traditional foods in most cases, these second generation women also prepared local dishes for their family, often modifying the recipe to suit their family members' tastes. These women also prepared of parallel menus to accommodate the needs of multiple family members, and in order to bring the family together at the same table. However, preparing a range of foodstuffs on a regular basis created additional demands on the women's time, and in some cases led to them developing short-cuts. However, what was evident in all the interviews was the extent to which second-generation women were multitasking and negotiating multiple roles and relationships through their food practices. One of their most important roles was

that of mother and this will discussed in Chapter 8. The following section outlines the food and eating practices amongst male members of the second-generation living in multigenerational families, which, as I will show, differ from those of the women of the same generation.

6.6 Second generation men - a broad overview

The focus of the rest of the chapter is on the second-generation men and their food and eating practices. I will begin by providing a broad overview of these men followed by a description of a typical day in their lives with regard to food and eating. There were ten second-generation men in the eight multigenerational families involved in my study. Eight men were married sons of the first generation elderly parents and two were unmarried, co-residing brothers-in-law. In their late thirties or early forties, the majority of these men were born and raised in the UK. One man was born in Pakistan and had come to the UK as a teenager with his father (Family 2) and another had been born in the UK but was sent to Pakistan as a child with his siblings, so that his parents could run a grocery store (Family 8). The latter had returned as an adult, married a British-born Pakistani woman and lived with his family in the same street as his parents. These men either ran a family-owned convenience store or had a desk job, with the exception of one who did odd manual jobs.

Despite the considerable effort I made to recruit this group (see Chapter 3) only three second generation men were interviewed, including: two shop-keeper brothers (one married, the other unmarried) who lived in the same house, and another married man who had a desk job. These three men were British-born, lived with their multigenerational families and preferred to be interviewed in English. Even though the number of interviews with second-generation men was small, they suggest that these male members of multigenerational households enjoy a privileged position in their families. This was also evidenced by the importance given to their food and eating habits in my interviews with other family members. In the next few sections of this chapter, I draw upon the accounts of the three men I interviewed as well interviews undertaken with second-generation men's wives and mothers.

6.7 Typical day

The majority of second-generation men woke up early and left for work before seven in the morning. Most of those who worked in convenience stores had to open and organise their stores and did not have breakfast at home. However, according to their wives, they usually took food in from home which they ate later in the day. Seema, a British-born woman, described her husband's typical morning in this way.

> *"In the morning, it's about seven o'clock [when my husband leaves the house]. We're all up…like, half six, or quarter to [seven]. He leaves at seven, or seven thirty I would say. He takes his breakfast from home [to eat at the shop]….Doesn't eat anything here. So he takes…the typical routine is he takes his breakfast, boiled egg or omelette….He makes it himself. Cause I am too busy, getting obviously the kids ready."*
>
> *(Seema, 30s, family 8)*

Five days a week Malik worked from seven in the morning until seven in the evening and so, according to his wife Seema, he did not have time to eat anything, even though he did occasionally take in a sandwich from home. Often, the evening meal was the only proper meal he ate during day.

> *"He works really hard, and then he doesn't [get the time] …because he has to run a post office in addition to his grocery shop, so you see if you run both, you're busy, you're busy…see he doesn't eat anything all day. Like last night I made kebab, and I told him to take some to the shop, at least you have a chance…but then he comes home, and says I was so busy that I never had the chance to eat….he's got three staff members], but he's going to cash and carry and he's back and forth.. he has to run around. Then he'd have a quick bar of chocolate, and then he comes home, and then he has a big meal, and then he goes to sleep."*
>
> *(Seema, 30s, family 8)*

Hasan, like Malik, was British-born. His parents had arranged his marriage from Pakistan three years previously. He ran a self-owned grocery/convenience store along with his father and two brothers. In his interview, he found it hard to explain why he never had anything to eat or drink in the morning.

"Today...like this morning I was up for work, I leave my home about...8 o'clock but then I never have breakfast in the morning."

Me: "Nothing at all to eat or drink?"

"Never. Never. No, nothing."

Me: "Why is that?"

"Just I was used to it. I was just...it's like a routine…Since I started working. Well, when I started working, I did have breakfast in the mornings, but then as time went on, some mornings you wake up late and you go quickly because then in the morning I have to go to the shop. Then when I'm back I open the shop."

(Hassan, 40s, family 6)

Hassan used to have his first food of the day around 11 am or later, which he described as lunch.

"And for example, this morning I was up and buying up things and I was back up at the shop, quarter to nine. That's when I opened the shop, and the first food I had today, was maybe about 11 o'clock. Normally what happens is I maybe have a banana or something, or maybe a piece of fruit or something, or 11 or 12 maybe, lunch, like maybe a roll….I buy it plain, sometimes I put something in it, some salads, you know….Yes. And have a bottle of juice with it….fizzy juice, yeah. A bottle of coke or something. "

(Hassan, 40s, family 6)

Hassan and other second-generation men worked in convenience stores helped themselves to snacks available in the store at various points during the day. These snacks included: bars of chocolates, packs of crisps, biscuits, cupcakes, fizzy drinks, and sometimes pieces of fruit. Hassan's unmarried younger brother Razi, who worked with him at the same store described a similar routine.

"On a working day, I never eat breakfast, so it's just straight to work. Never done that [breakfast]...for years and years and years…I can't eat you know, the moment I get up so...[until] one or two, nearly two hours go by. [It's] eleven o'clock or half

eleven till I eat…. I'm not hungry in the morning, so it has always been like that. Eleven o'clock I'll have something, then...eight o'clock [head] back home. I'll have a bag of crisps or a chocolate, something like that…whenever…"

(Razi, 30s, family 6)

For second-generation men employed in desk jobs the situation was somewhat different. These men reportedly ate breakfast and also had lunch on a regular basis, either taking in prepared food from home or eating something available at their workplace. For example, Waqar (family 3) was currently employed in a desk job, and left home at seven. He not only had breakfast, comprising toast with a fried egg, beans or cheese, he also took a cheese and tomato sandwich in for his lunch. Both meals were prepared by his Pakistan-born wife, Saima, and were accompanied by a cup of tea. He also said he took a piece of fruit, crisps or chocolate to the office daily, as a snack.

"Morning.. Fruit juice. Orange Juice….Has to be Tropicana. Specific! Because it is not concentrated. Breakfast, two or three slices of toast. Three times out of the five days, normally I prefer fried egg with toast. And a cup of tea of course. [Bread slices are with] a little bit of margarine and toasted."

(Waqar, 40s, family 3)

Tipu was also employed in a desk job, however, unlike Waqar who drove to work, Tipu's Pakistan-born wife Hareem dropped him at his office. Tipu ate breakfast and also had lunch at the office, although his mother described his breakfast as a hurried affair:

"She [his wife] makes breakfast for him in the morning. Two slices of bread, he likes chutney very much. The one you make at home….Yeah, home-made, with mint, green chillies, and coriander. All these together…. We have put it in a jar in the fridge. Lasts for a week, you know. …{She] puts some margarine on the bread and chutney on top, and some cheese on top of all that. So cut it up into two pieces. So she gets him to eat that in the car. He eats while she drives."

(Rabia, 60s, family 7)

For all second-generation men the evening meal was the main meal of the day and this was scheduled by the second-generation women so that, when possible, the men could join in with the rest of the family. While a traditional meal of salan and roti was usually prepared for this evening meal (see also chapter 5), the second-generation women also prepared other dishes to please their husbands, who were described as having adopted a taste for non-traditional foods to varying degrees. Many women said that their British-born husbands did not want roti more than once a week, and one husband declared that he ate roti as infrequently as once a month.

> *"Then I get home at about half past eight. And sometimes ... occasionally, I'll have roti. Very occasionally...It's not that I don't like it....It's just that I don't want to have it."*
>
> *(Hassan, 40s, family 6)*

Neither Hassan nor his brother Razi ate roti regularly, despite the fact that a traditional meal of roti and salan was made every day by Hassan's Pakistan-born wife for the remaining three members of the family. Similar preferences were voiced by other men, as well as being reported by their wives. Hence, to accommodate their husband's dietary likings, alternatives were prepared by the second-generation women and, as most of these men did not like vegetables or lentils, these alternatives usually comprised fried meat dishes. Faria was very candid about her married son's eating preferences.

> *"He says mostly, "Don't want to eat this, don't want to eat that!" [laughs]. He says nothing should be added to meat, not even vegetables, there should only be bitter gourd or spinach."*
>
> *(Faria, 50s, family 1)*

Many women expressed concerns about their husbands' food choices and demands, which they said troubled them more than their children's. According to these women, their husbands not only consumed home-made sweet dishes once or twice a day, they also brought home cakes and confectionaries to consume between the evening meal and bedtime.

Second-generation women said that they prepared more elaborate weekend breakfasts and meals to make up for their husband's absence during weekdays. Food over the weekends differed from that on weekdays for all second-generation couples, many of whom went out to eat or brought in takeaways, while others said they ate elaborate meals, prepared to entertain friends and family (see chapters 5).

6.8 Food and Eating Practices

The sections below describe the themes that emerged from my analysis, these include: navigating multiple identities through food, maintaining and changing traditional gender roles, influencing other family members' food and eating; and, opting out of regular family food practices.

6.8.1 Navigating multiple identities through food

Almost all of the second-generation men involved in this study were born in the UK and many had not had a chance to go to Pakistan more than a couple of times in their adult lives. As a consequence, these men described how they had struggled to relate to their parent's early life and upbringing. Although their parents had tried to keep traditional foods on the menu when they were growing up, these British-born second-generation men had been exposed to foods from outside their homes from an early age. The majority had started earning their own money at a young age, doing odd jobs usually in the grocery or restaurant business and this new found financial freedom had meant they had been able to afford to buy food outside the home, including fast foods like pizza. Having acquired a taste for such foods, such men said that they did not want to eat traditional meals comprising roti regularly, often to the dismay of their wives.

> *"Yes, [roti once a week] that's what he [Waqar] wants, maybe twice a week, but never more than that…. Well, it's not that he doesn't eat, but just says," Everyday roti?" One day he eats roti, and the next day he would [erroneously] say I have eaten it yesterday and the day before and...[laughs]"*
>
> *(Saima, 40s, family 3)*

Waqar himself was very open about not liking roti and his preference for meaty dishes and western food, which he attributed to taste as well as to having spent all of his life in the UK.

"I am a big fan of chicken. It has to be three times or four times a week. Chicken or lamb, and I prefer it fried... I think it is mainly the taste…Only sometimes, you know, when I am in the mood, I say don't make chappatis today. We'll get a Pizza or something. I am a great fan of western food…. Yes, because [I] was born and bred here..."

(*Waqar, 40s, family 3)*

Waqar openly expressed his affiliation with "western food", a term that he used to describe all foods outside the traditional Pakistani menu. Just as Waqar used food to assert his identity as someone born and brought up in the UK, other second-generation men also verbalised their inability to relate to a Pakistani identity. This included Hassan who thought of himself as "English" rather than Pakistani. He had only visited Pakistan twice in the past twelve years, once for his own (arranged) marriage, and earlier for his brother's. As he described:

"I was born in England, but then most of my life stayed here [in Edinburgh]. Again, Pakistan...I think being born and bred here, I don't see the same value of Pakistan as you would."

(Hassan, 40s, family 6)

For both Hassan and Waqar, it seemed as if conveying a preference for non-traditional foods was their way of navigating and affirming their British identity. Indeed, when I asked Waqar how this transition had happened, he said that he had developed a taste for non-traditional food over the years, and he revealed that, even though his mother had tried to insist on him having traditional food like roti, he had started to make his own decisions around food quite early on in life, and had made it clear that he did not want to eat the same food as his parents.

"I think it was mostly when you got to the age when you know, you say, mum don't make anything for me today, and I'll get something else….Yeah, I think...well, I used to have a weekend job when I was twelve or thirteen so, I started off then."

(*Waqar, 40s, family 3)*

Similar patterns were also described by the mothers of other second generation men

who I was unable to interview. One such mother was Anjum who, despite having lived in the UK for more than 40 years, struggled to pinpoint the reasons why her two sons preferred non-traditional food over the home-cooked traditional dishes.

> *"When my kids were young, they did eat it [traditional meal]. When they got older, I don't know what happened to them.*
>
> *Me: "Well, you would have made roti salan for your kids to eat, but how did they change to the other kind of food?"*
>
> *"Well, I don't know. They used to say, "Mummy, why don't we bring from outside, Mummy, why don't we eat outside?" Gradually they changed to food from outside [home] altogether."*
>
> *(Anjum, 60s, family 6)*

While the elderly generation could not normally understand the reasons for their son's dietary changes, the second-generation men I interviewed described being acutely aware of being stereotyped on the basis of their apparent food preferences both by their "western" friends and by wider society. They also talked about how they used their stated preferences for "Western" foods as a way of resisting this stereotyping:

> *"Yeah, mostly [my friends] they are Asian. I do have western friends, but not to mix with as such, you know…My friends say that Asian people eat a lot of chappatis and you know Asian foods, but I say no, I prefer the western food. "*
>
> (*Waqar, 40s, family 3)*

Thus, in summary, it would appear that second-generation men had adapted their food intake and tastes to navigate their British identities as well as to reject a Pakistani identity. Furthermore, by exerting their food and eating preferences they challenged the traditional role of married woman as the gatekeepers of food (McIntosh and Zey, 1989). This is an issue which I consider further in the next section and in the concluding chapter.

6.8.2 Maintaining and changing traditional gender roles

The interviews with second generation men and with other family members made

apparent that these men wielded considerable influence within the family and took full advantage of their authority and privileged position as breadwinner in order to make their wives modify the family's food menu to accommodate their own preferences and wishes.

Indeed, as is mandated by tradition, their wives also described how they went to considerable effort to accommodate and incorporate their husband's food preferences into the overall family menu, a task which, as the second quote from Sabeen suggests, could sometimes be quite overwhelming.

> *"Well, I ask what they [my family members] want. The kids don't have a problem, but my husband does. Like for example, I have made cauliflower, my children would eat it, I'll give them in a roll, but my husband has a problem with it. "*
>
> *(Fozia, 30s, family 5)*

> *"Yes, my husband has a definite say as he eats....does not eat vegetables so much. [laughs] … Among vegetables, he doesn't eat cauliflower....Doesn't eat eggplant...just eats spinach, or chicken or chicken with spinach. He doesn't like anything cooked with chicken, it should be just chicken on its own, be it curry or dry roasted, and ... he is really fussy, my husband, he is very fussy...I get quite upset for this reason, always [laughs]. He is fond of it [eating], but just a few things. The way there should be a daily routine, [you know] no such thing. He...if the food is not to his liking, he won't eat the meal at all. [Keeping him happy is] a tough job.really tough….Yes, the English food that I make, he eats those things with relish."*
>
> *(Sabeen, 30s, family 1)*

However, conformity to traditional gender roles did not apply to all food-related activities; the traditional role of food provision, for example, had been taken up by second-generation women in these families, with British-born Arooj, for instance, being keen to point out how her husband had very limited involvement in this food-related activity.

> *"No, he doesn't do the shopping at all, just the things that are in his shop, those he brings..[He has a] convenience store. He brings the bread, the milk, and the eggs,*

and cheese and stuff like that. He'll bring that kind of stuff from the shop. Yeah. I do the rest."

(Arooj, 40s, family 4)

Indeed, as Arooj's quotes highlights, even when second-generation men worked in grocery stores they only brought home milk or other one off items. A key reason given by the wives for taking over responsibility for grocery shopping was that they considered themselves to be more knowledgeable about what to buy.

"No [he doesn't buy the grocery], because he brings things, and then I am not happy. I like to pick things, the fruits nice ones, and the vegetables, I know what to get, and what obviously type, but he is clueless. Even in a meat shop, he went to get meat for the roast, and the chicken was too mature or something, and it wasn't nice!"

(Seema, 30s, family 8)

An additional reason was that these female family members had a driving licence and now owned or had access to a car.

"Now things are so easy, no matter what you do. No problems. We also used to buy everything on foot, or by bus, as there were no cars, there rarely were any at that time...And if one of us women drove, they used to say she has become a gori[20], in our time. Now, everyone says why haven't you passed the driving test, as a car is a must have."

(Perveen, 80s, family 3)

These interviews thus suggest that traditional gender roles have been maintained in the second generation insofar as the second generation men were still able to dictate the kinds of foods which their wives prepared for them. On the other hand, a shift of gender roles appears to have taken place with regards to the provisioning for food; a task which has now been taken up by second-generation women.

6.8.3 Influencing other family members' food and eating

Living in multigenerational families meant that the food and eating habits of one

[20] White woman

member had the potential to impact on the food consumed by others. Indeed, as various interviews highlighted, not only had the second-generation men incorporated many new into their own diets, their dietary preferences had also impacted on what their children and other members of the family were eating. This situation, as Samia described, particularly applied to the consumption of snack and treats.

> *"Sometimes, he takes them [snacks like crisps and chocolate] with him to the office, a bag of crisps and a chocolate, but otherwise he takes them at night with tea. Of course the kids have these with him!"*
>
> *(Saima, 40s, family 3)*

These dietary influences were most pronounced for children and this issue will be taken up in detail in the next chapter. However, it was not only the children's diet that was influenced by the second generation men's food preferences, as many in the older generation talked about how they too had tried out pizza and other takeaway items brought in by the younger generation. Some family members also described how fried meaty dishes instead of roti were becoming a more and frequent part of the evening meal and how this change had been triggered by the preferences of the second-generation men.

6.8.4 Opting out of the regular family food practices

In more than one instance, second-generation men had opted out of their respective multigenerational families regarding food matters, although their reasons for doing so varied. Salman (family 2) was one such man. According to his mother, wife and married elder sister, all of whom were interviewed, he had always been very health conscious, and frequently advised other members of his family on healthy ways of living as well as reprimanding them if they did not heed his dietary advice.

> *"Well, my brother is very health conscious, so he asks everyone to change over to this type of [low fat] milk … he is after us all the time, 'do this', 'lose weight' or 'you are gaining weight'. He is always after all of us….We have always used wholemeal [bread] as well. It is more healthy….My brother also says that...although that the taste [of the other one] is good but it is not that healthy....he keeps telling us."*

(Kiran, 30s, family 2)

Even though all of the family members agreed that Salman's advice was well-meant and well-informed, they had felt unable to change their diet.

> *"My son is very particular about these [fried] things, and seldom eats them. He says your body will become fat. He says, less oil, and paratha too he says eat less. He says the body becomes like yours [laughs while referring to her overweight self], if you eat and then sit it out. Mother, you should lose weight. I say, now's not the time for your mum's weight loss. He says don't just sit there, move around. I say my body is just puffed up, and he says did you inflate it or what? [laughs]"*

(Aliya, 60s, family 2)

Thus, it seemed that, after years of trying to influence other family member's diets, Salman had decided to opt out and make his own food rather than make further attempts to change the ways of other members of his family.

> "W*ell, he takes chicken boneless, and adds some vegetables with it, then makes a sandwich after shredding the meat etc. And in the egg, he says takes the yellow out just like that [and I don't want to throw food in the bin]."*

The two brothers from family 6, who worked in the grocery shop, had also opted out of sharing traditional food with the rest of their family. Although these two brothers regularly ate at home in the evening, Hassan described how he would regularly pick up a specially ordered pizza on his way home from the grocery shop, because the only alternatives to roti and salan that he preferred to have at home were potato chips and fish pakoras. Likewise, Razi said that he preferred to make himself pasta in the evening, despite the fact that a home-cooked traditional meal was regularly prepared in their home and eaten by the rest of the family. When I asked Hassan about the reasons for his behaviour, all he could come up with was personal choice, and the fact that he had an aversion to foods with a certain consistency, such as cheese. He also said that he was at a loss when asked by the women in his family about the dishes he wanted them to make.

> *"Many times they ask me, what do you want to eat? Sometimes...I sy I don't know! [Shrugs] [I] just can't tell. It is weird….Even now when they ask, what do you want*

to eat?.. [shrugs again]….I say tell me what is there. Their answer is, "Tell me what you want and we'll make it!"

(Hassan, 40s, family 6)

Hassan said that working in a shop that sold vegetables had put him off the fresh foodstuffs. Similarly, his brother Razi who had worked in a local food outlet before said he was put off by the sight of food.

"Kind of puts you off a bit, if you know what I mean. You're in here all day, ten hours a day. It's a reverse of what's we are eating. …. Sometimes you work in the kitchen and it's a reverse of everything. They're eating and you don't eat all day. You don't eat a straw. Sometimes you work in the kitchen and you just don't want to. Speak to any chef. They're all like that. "

(Razi, 30s, family 6)

Thus, the brothers had opted out of the family meal and had made alternate arrangements for their food. However, their opting out was a source of anxiety for Hassan's wife, as she felt apprehensive about not looking after her husband properly, and she felt she was failing his mother, who, as described in chapter 5, had hoped that bringing a wife from Pakistan would have made Hassan more interested in home-cooked food.

6.9 Summary (second generation men's food and eating)

The dearth of research on men and food matters has been recognised (Julier and Lindenfeld, 2005). The probable reasons for this lack of research include the cultural perception that food and cooking are female domains, as well as the social and occupational structures within which men live, which presumably means they are busy and hard to access for an interview. Both these reasons came to light during my research. In their thirties or early forties, these second-generation men were mostly British-born and mostly ran convenience stores or were employed in desk jobs. As reflected in the accounts of their typical day, some differences in breakfast and lunch were visible according to their occupations. The ones who worked in stores had the tendency to forego breakfast or lunch and had occasional snacks and drinks from their stores throughout the day, while those in desk jobs generally had

a sandwich breakfast and opted for a packed lunch or vegetarian option at work. The evening meal usually comprised fried meat prepared by their wives or takeaway food, typically a pizza.

Overall, the accounts of second-generation men as well as those of their family members suggest these men did not like eating a traditional meal of salan and roti, although, in most cases their mothers had served this kind of food during their childhood. Dietary acculturation towards non-traditional/ western foods was discernible in these men's daily food and eating practices, a change that apparently started as soon as they started earning their own income. The second-generation men interviewed were adamant that they did not identify as being Pakistani in the same way as their parents, having been born and brought up in the UK, with only infrequent visits to Pakistan. Rejecting traditional meals can be interpreted as their way of asserting their alternate 'British' identity. Apart from using food to negotiate their composite identity as British-Pakistani, some rejected traditional food on the basis of health, perceiving it as unhealthy, primarily due to the method of cooking. However, the mention of calories was conspicuous by its absence during these interviews.

Although most families seemed to accommodate the timing and the content of the evening meal according to the second-generation men's preferences, there were instances when the men would bring in a takeaway pizza to eat, or make pasta for themselves. This opting out of dining occurred despite the fact that women in their family, most often their wives, often made special dishes comprising fried meat according to the second-generation men's preference. Similarly, weekend meals, including breakfasts, were made more elaborate because these men were home at the time of those meals, but second-generation men still often preferred pizza takeaways.

A shift in gender roles was visible between the older and second generation men and women as far as provisioning was concerned for, unlike the older generation, the second-generation men were not involved in this task, even if they ran grocery stores. However, these second-generation men continued to exert their influence over the menus for the evening meal, as women prepared what these men would

prefer to eat. Another type of influence the second-generation men exerted on other family members was witnessed in their children's diet and this will be explored in detail in the next chapter, in which I describe the food and eating of the third and youngest generation.

Chapter 7 Food and Eating Practices in the Third Generation

This chapter describes food and eating in the third and youngest generation involved in this study. As explained in Chapter 3, this generation was not interviewed and information was obtained from other family members instead, mostly from their mothers. As in previous chapters, I will begin by providing a general overview of this generation, followed by a description of their food and eating practices during a typical day before reporting the key themes which emerged from my analysis. For the purpose of simplicity and accuracy, I have only included those children in this chapter whose mothers were interviewed.

7.1 Broad Overview

The children referred to in my study were aged between three and 13 years and totalled 21 (10 boys and 11 girls) of nine second-generation women. The number of children in each family ranged from one to four. Except for one toddler and two teenagers, all children were at primary school and aged between five and 11 years. All of the children had been born in UK and had at least one British-born parent, usually the father. Their elderly grandparents contributed to looking after these children, including feeding them, particularly when the children were younger. At the time of the interviews, some children were being cared for by their grandparents, particularly when their mother was out working. The following section gives an outline of a typical day in the lives of the third generation as described by their mothers and other family members.

7.2 Typical day

The third-generation enjoyed a special position within these families, and second-generation women usually started their day by prioritising their children's needs and activities:

> *"After getting up in the morning, this is it ….of course it is children....first say the prayers, read the Holy Quran, then helping children prepare, give them breakfast, then take them to school."*
>
> *(Sabeen, 30s, family 1)*

According to their mothers, most children had some kind of sugary cereal for breakfast, with or without milk. Other alternatives included toast spread with margarine and jam, cheese or a fried egg and a piece of fruit. Mothers considered breakfast to be an important meal and did not want their children to leave the house without having had something to eat; however, most mothers said that they experienced difficulties coaxing their children into eating breakfast. Catering for the varied needs of individual children within the same family was also raised as an issue, which mothers said they had to tackle every morning. For instance, Seema described how different her two young children were in terms of their food preferences, and how she tried to feed them accordingly, while also trying to instil regular eating habits into the younger generation.

> *"My older one always has cereal because [child's name] doesn't drink milk in the morning. See if I make a toast, [child's name] won't drink milk….thinks it's too much for [child's name]. So I'm trying to buy [child's name] favourite cereal so that [child's name] can have milk with it. So every morning, I offer [child's name] other food, but [child's name] always has cereal in the morning. My younger…very fussy one. [Child's name] doesn't eat cereal or bread...I'd rather [child's name] eat something… so banana sometimes, and then [child's name] loves milk. So has a big bottle of milk every morning. That's a routine…Yeah. [child's name] loves milk, so tries not to eat, but I always push [child's name] to eat something little, because once a child's into the routine of not eating, and I know so many people who don't eat breakfast, and breakfast I think is the most important meal of the day."*
>
> *(Seema, 30s, family 8)*

Seema was very articulate about what she wanted her children to eat at breakfast time, and also about the strategies she had adopted when the options she offered were not taken up. Similar compromises were common in all families, not least because a mother's preferences did not necessarily correspond to her children's wishes. Pakistan-born Hareem, for example, described how her only daughter wanted specific food items for breakfast and how she went to considerable effort to accommodate her regularly changing likes and dislikes.

"Well, I give her a slice of bread. There is a hash brown and an egg. So of the fried egg, she eats the yolk, and doesn't eat the white. [This is] her routine these days...her routine differs a lot… She keeps eating one thing, till she tires of it. So now she leaves the white of the egg. She used to like cereals very much earlier on, but now she doesn't."

(Hareem, 30s, family 7)

Similarly, British-born Arooj listed the diverse range of cereals she offered her children at breakfast, stating that this was the only way to get them to drink milk.

"Well, they had some variety pack today, and they like the cheerios and they like their wheatabix...with milk [of course]. That's the way they're getting their milk. There are coco pops, cheerios, clusters…"

(Arooj, 30s, family 5)

Despite considerable efforts on part of their mothers, some children still left for school without eating breakfast.

"*Yes, well in a normal day..... on a school day, it so happens that there is always a rush....so we are always getting late. But normally when we are not late, I try to get them to eat something after getting up. I don't know how, but I have this habit of taking breakfast, they [my children] don't have it. They just....I ask them to take water and milk...and sometimes even cereal too, quickly…I try to get them to eat [breakfast], but they have it very infrequently."*

(Kiran, 30s, family 2)

Kiran herself always had breakfast, which she called a 'heavy breakfast', and was concerned that her children frequently went without.

During school hours, children studying at primary school were provided with a 200 ml carton of milk (daily) and a piece of fruit (three days a week) by the school. According to the mothers, their children used this provisioning as an excuse for refusing to take fruit in from home as a snack, and most reported giving in to their children's demands for items such as crisps or cereal bars for the snack break:.

"Because they get fruit in school …they say it is already there in school, so we can't take the same thing. They say it even if it is not there, so that they don't have to take fruit along. So sometimes, they do take fruit too. Sometimes, they take a chocolate bar, sometimes...only one thing. Or a pack of crisps...or… healthy, I do try for healthy ....you know cereal bars, those I try to bring for them. They eat those too, so they take those with them to school."

(Kiran, 30s, family 2)

Many mothers preferred their children to have a packed lunch from home (usually comprising a sandwich with cheese or chicken or a wrap with kebab, often accompanied by flavoured yogurt and chocolate) over school dinners, although the reasons for this varied. Some wished to know the exact amount of food consumed by their children, while others did not want food to be thrown away, as was perceived as being customary with leftover food in the school. However, none of the mothers said that they did not allow children to have school dinners because of their concerns about food not being Halal. (It is important to note that primary school dinners usually included a vegetarian option alongside a meat option, and that the menu was made available to children and their mothers at the start of every term, so they all knew about available Halal choices). The option to pay for individual meals also existed, although payment had to be made in advance. Some mothers told me that their children wanted them to pay for school dinners on the days when pizza or fried fish was on the menu and to take in a packed lunch on the other days. In some families, the children chose to have different types of lunch at school. For example, one of Fozia's children took in a packed lunch while the older one alternated a packed lunch with his favourite vegetarian school meal. Fozia explained the reasons for this variation:

"Well, I think [my younger child] can't handle it. Holding the tray, getting the food …finds it really hard… Well, just says I don't like school lunch, I don't know why. [The older one] likes it, but only on days in which there are chips, or pizza then [my child] eats it, but otherwise if there is vegetarian lasagnes, or vegetarian hotdog, that [my child] doesn't like. But eats baked potato with relish, baked potato or baked potato cheese, or baked potato beans...these things [child] likes to eat."

(Fozia, 30s, family 5)

As is evident from Fozia's account, she was guided by her children's individual food likes and dislikes as well as other logistical considerations.

When the primary school finished at around three in the afternoon, mothers with more than one child waited (up to half an hour) for all classes to come out. It was usual for such mothers to bring a snack for their children to eat while they waited for their siblings, which often comprised a sandwich, packet of crisps, or small pot of yogurt, or in one case a paratha[21]. These snacks were brought primarily because the children asked for them, but also because the mothers thought their children would be hungry.

> *"When I go to school to pick her up, she wants me to bring something for her, because there is half an hour wait at school, so she wants to eat something during that half hour."*

(Fozia, 30s, family 5)

Most mothers had some kind of activity planned for their children after school. Religious lessons in a nearby Mosque, which occurred three times a week from five to seven, were the most common, followed by academic tuition classes, after-school clubs and sporting activities such as hockey. It was evident from the interviews that both mothers and children felt pressed for time during this part of the day and all mothers said that they tried to feed their children in the gap between school and Mosque and other extra curricula activities, but that this tended to be a hurried activity.

> *"So I make a sandwich for [child], or if there is minced meat, [child] likes minced meat very much…., then I [prepare and] take a paratha with mincemeat inside it. Because [child] is off at ten to four, and there are two after school clubs in a week. One is hockey and the other is badminton. Those days [child] leaves school at half five, and I take [child] to the Mosque directly from there. So from there I bring [child] back home at seven thirty. "*

[21] Flat bread/ roti made with butter or ghee (clarified butter), sometimes with vegetables inside

(Hareem, 30s, family 7)

Many mothers said they made potato chips for reasons of time and convenience and because their children loved to eat them.

The mothers prepared the evening meal, which was usually eaten between five and six pm. I have written in detail about the evening meal in previous chapters, including the expectation that everyone in the family, including children, joined in and (preferably) ate the same (traditional) food. However, as noted previously, these aspirations were rarely fulfilled in practice, with most of the mothers describing how one or more of their children wanted to eat something other than what was cooked for the evening meal that day, and how they would accommodate their wishes.

On one or more weekdays, food items other than traditional salan[22] and roti[23] were consumed for the evening meal. These non-traditional meals (for example, fish and chips, roast chicken, pasta or pizza) were preferred by the children as well as their fathers; while the rest of the family members joined in to fit around the children's and father's preferences. Although children's choices were considered while preparing the evening meal, if a child did not like a certain dish, an alternative was made just for him/her, which was usually comprised frozen prepared foods, such as fish fingers and hash browns.

There was frequent mention of children eating snacks and sweet treats (e.g., chocolates, jellies, popcorn, ice cream, cup-cakes, crisps) during the day and also after the evening meal while watching television. These treats were reportedly bought in by their fathers. In almost all of the families the children had a glass of milk or a hot chocolate with cookies before going to bed, usually at around nine pm.

Some young children were left in their grandparents' care when their mother went to work, and some such grandmothers described how they fed the children foods they liked.

[22] Soup like curry made with meat and/ or vegetables
[23] Flat bread made with kneaded flour

"Now that this grandchild of mine is here, he will have whatever he wants…..I just have to feed him and get him ready for school. Now you tell me, [asking the child], what do you want, chips, or fish finger or pizza?"

(Rani, 60s, grandmother, family 5)

However, other grandmothers discussed how they wanted to ensure their grandchildren were fed in ways that were both wholesome and ensured the continuation of traditional food practices, such as eating roti. These elderly women frequently voiced their opinions and said that they expected their daughters-in-law to follow their advice. The second-generation mothers, on the other hand, felt constrained by this advice, and had devised different strategies to deal with this situation, as will be considered further later in this chapter

7.3 The Weekend

As noted in previous chapters, food practices at the weekends tended to be different from those during the week. The main reason for this was that the children and their parents were at home. According to the mothers, both parents and children woke up later than during the week, and an elaborate breakfast was taken together with the co-residing grandparents, at about eleven am. Mothers made an effort to accommodate everyone's food preferences at these meals, including. Seema (family 8), a British-born mother of two:

"See, Sunday breakfast is very big breakfast. We have halal sausages, and mushrooms, scrambled eggs, potato scones, and bread, and then vegetarian sausage for my older child, because [child] doesn't like the meat ones... and doesn't eat egg. So [older child]will have potato scones, sausage, beans, and…bread. My younger child doesn't like beans, so just has potato scones. "

(Seema, 30s, family 8)

The Pakistan-born mothers gave similar accounts, except that they described parathas and eggs as being an integral component of their weekend breakfasts:

"I do make them [parathas] for my children on the weekend, as we do have time for breakfast on that day."

(Sabeen, 30s, family 1)

In three of the eight families, however, breakfast was no different at the weekends because family members had to leave the house promptly. In two families, the children had to attend religious classes and left the house at around ten, while in the third, the mother left home early on a Saturday for a part-time job.

While the midday meal was usually missed on account of a heavy breakfast taken much later in the day, it was commonplace for the children to eat crisps and other snacks throughout the day.

> *"There's just tea with biscuits or crisp and chocolate [for adults], because we have had a heavy breakfast and later than usual too, around ten or eleven. So we don't feel the need for anything else [before evening meal]. As for the kids, they never stop munching all day long!!...Sometimes crisps, sometimes other things."*

(Saima, 40s, family 3)

As is evident in Saima's account, mothers seemed to take this snacking and grazing for granted because house rules, if any, were relaxed over the weekend. Evening meals often comprised a takeaway, that the grandparents also ate, or the children were taken to fast food restaurants such as McDonalds, KFC, Pizza Hut and Nando's, where they ate fish or halal chicken burgers as well as fizzy drinks and ice cream. The reasons given for eating out included: having a change from the weekdays, giving children a treat as well as mothers wanting a reprieve from the daily chore of cooking.

> *Noor: "Well, if we go to an Asian takeaway, it feels the same as our home. You eat the same things at home. So we go out to eat for a change. Well, sometimes it is Pizza, pasta...some Italian...or the Chinese food."*
>
> *Me: "So you find the halal foods like these?"*
>
> *Noor: "Well, we don't take the chicken ones...."*

(Noor, 20s, family 1)

"Change, well, for our child's sake we go outside [to eat]. I feel that the whole week is too much for [child], so there should be something once a week. So sometimes… we have never been to a park, which we should, but sometimes we go to a shopping centre as well [for errands]."

(Hareem, 30s, family 7)

Takeaways from halal outlets, mostly pizzas or barbecued chicken, were also brought in, particularly for guests, or elaborate meals were prepared for guests comprising at least three dishes. As is detailed in earlier chapters, savoury snacks like pakoras and samosas were also prepared and served to such guests together with fizzy drinks, and the children also ate these..

7.4 Food and Eating Practices

Having described the third generations' food and eating practices during a typical day and at the weekend, I will now report the key themes which emerged from my analysis. These included: over-feeding and good mothering, mothers' decision-making around children's food; multiple influences on eating practices; and, maternal gatekeeping

7.4.1 (Over)-feeding and good mothering

As outlined in Chapter 2, in South Asian culture a well-fed child is equated with healthy child and many of the mothers I interviewed described the lengths they had to go to ensure that their children were well-fed. Indeed, within my sample of multigenerational families, I found that when a child was overweight (which I could see based on my training as a medical doctor), their mother or grandmother never referred to them in this way or mentioned their weight or body shape as being a problem. On the contrary, mothers talked extensively in their interviews about worrying that their child (irrespective of their weight) was not keen on eating and/or was not eating enough. This included Noor, the mother of a four-year-old apparently chubby child who expressed her concern that he was not eating enough and described how she routinely had to coax him into eating more.

"I have to force [child] to take breakfast [laughs]. That in itself is half an hour's session. Forcibly...All [child's] meals are forced. Sometimes [child] takes a cereal or

corn flakes for a couple of days, but the third day doesn't like it and goes back to the old routine. Like this, sometimes [child] has breakfast happily, other times not so happily…Milk is the only thing that is taken without a problem".

(Noor, 20s, family 2)

I went to Noor's house three times and, on all three occasions, the little boy, who was very physically active, had a big bar of chocolate in his hand that he was eating. However, his mother's concerns were only too apparent, as were those of other family members who were also involved in trying to get the child to eat more.

"He is choosy as well, so for the evening meal too, me and my husband have to force him into eating something....you'll be strong this and that… sometimes I do, other times my mother-in-law makes him eat well."

(Noor, 20s, family 2)

In another example, Hareem had a visibly overweight primary-school aged child, who both she and her parents-in-law repeatedly described as being a fussy eater. Before meeting this girl I asked her grandmother what she looked like, to which she replied "broad", by making a gesture with her arms. However, Hareem, like most of the other mothers who took part in my study, shared her concerns that her child was not eating enough and that she was going hungry as a consequence.

"As for [child's name], [child's name] doesn't take lunch there [at school]. They give [child's name] halal flat chicken piece there. [Child's name] has stopped eating chicken at all. Only if I fry chicken, then [child's name] takes it, but we don't do it every day. [Child's name] doesn't like anything, you know. So [child's name] goes hungry all day long, how long would a hoola hoop go, after all? So I make a sandwich for X, or if there is minced meat, which [child's name] likes very much….I take a paratha with minced meat inside it…..And there are two after school clubs in a week…hockey and badminton. That day X leaves school at half five, and I take [child's name] to the mosque directly from there. So from there I bring X back at seven thirty. So [child's name] is hungry since morning, so that's why I make things and take them with me for [child's name]."

(Hareem, 30s, family 7)

Because Hareem's child frequently disliked school dinners, she thought that the only thing that she ate was the packet of hula hoops taken in from home. Based on this assumption, and also the fact that the child was enrolled in sports clubs and did not return home until quite late, Hareem regularly took a proper meal with her for her child to eat after school had finished, and later on wanted her child to join in the evening meal with the rest of the family. The physical appearance of Hareem's child did not match her mother's account of a child who was hungry and being underfed. Interestingly, at a later part of the interview, Hareem attributed her child's weight to having a large frame, which she said had been inherited from the father's side of the family.

> *"Well, [child's name] physique takes after our family. Mashallah, my husband's brother is like this as well, and you have seen my husband as well. He is the same and his sister is also a bit on the broader side."*
>
> *(Hareem, 30s, family 7)*

Clearly beliefs around body image were complex and expressed differently for the adults and children in this study, and this issue will be discussed further in Chapter 8.

As I also described in chapter 2, culturally and traditionally, a mother is expected to inculcate the right eating habits in their children, and failure to do so is looked down upon by others, especially by the in-laws. Arguably, as they were aware that their children's eating habits could be perceived as a reflection of their mothering qualities, most mothers were keen to convince me that their children did not make a fuss about eating:

> *"Well, thank God a million times that nothing of the sort [refusing food] happened yet. Even if they have fever etc, I just...I have brought them up in such a way that they do eat, even if a little bit. If they have fever, I give them milk, or make kitchri [soft rice with lentil] etc. Well, I make them eat it…"*
>
> *(Sabeen, 30s, family 1)*

Indeed, the mothers I interviewed sometimes drew comparisons with other people's children, thereby drawing attention their own competencies and mothering skills:

> *"Compared to a lot of kids, you know, my kids have Mashallah [Thank God] got a good appetite. They eat their food. Some kids can be really fussy, I don't have that. So I've not made them like that...whatever is on the plate, they eat it. "*
>
> *(Arooj, 40s, family 4)*

> *"My friends come, and one of my friends, she is working, she just finished studying, and obviously, she can't look after [her children] every day, and her daughter is very, very skinny, and she comes in and says I want my daughter to be like yours, the way she is. Not big, but not too skinny. You can see that they are eating healthy and they look healthy. And I don't know I am doing it, I get a lot of compliments for my kids, I don't know if I am doing the right thing."*
>
> *(Seema, 30s, family 8).*

Seema and other mothers appeared a little insecure about their parenting skills, and either complimented themselves, or expected me to compliment them for ensuing their children were well-fed. It was also evident from these interviews that, in most cases, the mothers had had to make dietary compromises and adaptations to achieve this goal, most notably by offering their children food items that they knew would be eaten without a fuss.

7.4.2 Mothers decision-making about their children's food

In my study, Pakistan-born mothers' decision-making around food appeared to be constrained as they had to work within and to take account of certain considerations, including: their life experiences acquired in Pakistan, the cultural and religious values that they were expected to transmit to the next generation, the availability of food items, information acquired from their mother-in-law, time available and, perhaps most importantly, their own children's preferences and tastes.

As indicated in the previous section, the foremost aspiration voiced by the second-generation mothers was to feed their children something that they would eat without a fuss, as this would help to promote harmonious family mealtimes and

allow them to present themselves to others as good mothers. This led to many different types of decisions and compromises. As described in detail in Chapter 6, food was primarily purchased by the second generation mothers in all of the multigenerational families included in my study, and, in order to ensure that their children ate adequately, these second generation women described how they would purchase foods which they knew their children would like and want to eat. Indeed, regardless of whether their children were physically present or not during shopping trips, their choices influenced the food items that were bought and, therefore, served:

> *"Cheese strings, and you know cheese dippers, like a little biscuit and cheese, and cookies like you know the digestive cookies. I prepare and give them everything healthy but I don't buy these cereal fruit bars and stuff, they say they taste disgusting. So I do need to give them something they like as well, it's not fair on them. So croissants you get, those chocolate ones, my son loves that. And sometimes waffles as well. And they love those biscuits, Oreo? Oreo biscuits, and there's another one that I can't remember right now. So I give those with the packed lunch for school."*
>
> *(Seema, 30s, family 8)*

Furthermore, as mothers did not want their children to miss out on what their peers were consuming, they also described how they purchased a variety of popular snacks like crisps, chocolates and ice-cream, to keep them happy. Even grandmothers said they frequently catered to the children's wishes in this way.

> *"Well, sometimes they [children] do say we want Pizza, we want chips, this and that. So whatever they ask, we make for them…. Whatever their heart desires, they can have it."*
>
> *(Faria, 50, grandmother, family 1)*

A desire to transmit the cultural values for food thus competed hand in hand with the desire to ensure that their children were happy and fitted in with their British peers. This situation was acknowledged by British- born Seema who described how,

while making food-related decisions, she balanced her knowledge about health and other issues against other more social functions of food:

> *"Fizzy drink's not good for you. What's anything that you get from fizzy drinks, not at all. Water is best. So, but then at the same time, everybody is drinking fizzy drinks, and I can't not give them either, cause it's not fair on my children. So like Saturday and Sunday, they are allowed. You see, [being] brought up that way…I am finding that they are happy, it's not that they want fizzy drinks…But still, I mean, in these times and days, nobody cooks roti salan every day, these days. People move on. People like, people love fish now. They have started making fish and chips."*
>
> *(Seema, 30s, family 8)*

In a similar manner, many mothers described how they would modify recipes to make fusion foods which meant their children still ate foods comprising traditional elements. They also described how they would add local/British dishes to the menu, such as fish and chips, lasagne and pizza. All these changes were described by the mothers as having been done to make their children eat their food, the provision of parallel menus for the family being another manifestation of the same issue. Because the mothers wanted their children to eat with the rest of the family they were willing to make a separate dish, if they disliked or refused to eat the food prepared for everyone else. More often than not, this alternative food item was a quick fix solution to pacify the child and also make him/her eat well, as Rabia said about her granddaughter's meal:

> *"Roti she [granddaughter] only eats if there is shorba [soup-like curry] prepared in the house. Then she eats roti with shorba. If there is no shorba, then she has to have bread with fish fingers or hash brown, or things like that. So that is how she fills her stomach."*
>
> *(Rabia, 60s, grandmother, family 7)*

Thus, children's wishes were of paramount importance, and sometimes influenced what was being cooked for the rest of the family. The children's influence on dietary decision-making was also accompanied by that of the older generation women, who were a constant source of information about child rearing practices, including those

pertaining to food

> *"Well, for hot and cold, I listen to advice from both sides, and then I do what is right for me. I do what is best. Yeah, I mean I do listen, and I do feel lucky, that I have two elder women to keep me right, 'cause bringing up my children, I know they have experience. My Mum raised eight, my mother-in-law raised 4, which is the same way. And I think it is good to have the experience and to have elders to tell you stuff."*
>
> *(Seema, 30s, family 8)*

However as Seema's quote illustrates, mothers took up the older generation's advice selectively. The most prevalent view held by the older generation was that children of growing age could be given anything and everything to eat, as, at this point in the life course, foods could not cause them any harm and their bodies needed the nutrients in order to grow. Indeed, such a perception was conveyed by Perveen who wanted her daughter-in-law to serve parathas and roti spread with butter to her grandchildren, based on the premise that these foodstuffs would be beneficial, given the children's age and growing stage.

> *"We left it because of the disease, but I tell them .....for the boys cook Parathas, and spread butter on roti for them to eat… Yes, for the kids. They have to develop and grow up."*
>
> *(Perveen, 80s, family 3)*

A similar view was conveyed by Rani who also suffered from type 2 diabetes and high blood pressure and who had, as a consequence, altered her diet so that she only used spray oil sparingly when cooking her food. During her interview, she offered her nursery-age grandchild the choice of pizza or potato chips for lunch, and proceeded to make frozen French-fries in a pot full of oil that she had for this purpose. When I enquired about this, she explained that the children needed these kinds of foods for growth and development.

> *"Well, there's a difference but they [children] should eat, it's their age. An adult can refrain from eating certain things, but not the children!"*

(Rani, 60s, family 5)

The idea that children should be allowed to eat everything, as all the food helped them to grow, was also voiced like British-born Seema.

> *"Milk is blue [cap]. Definitely blue milk. See the children are growing, they need all the goodness. Giving them low fat stuff is not good. "*

(Seema, 30s, family 8)

Another logic that the mothers frequently used to justify their decision-making was their notion of the balance between healthy and unhealthy foods. This idea of balance was widespread among women of the second-generation, and appears to have been influenced by their own beliefs and lay knowledge.

> *"Yeah, they have packed lunch. And then I'll get them cheese dips or cheese strings. I always mix it with fruit and dairy products…So they have their dairy products, they have their fruit, and then they'll have a sweet. Like, it'll be a cracker, biscuit or something. And they took bananas today, tangerines, or an apple. So they do get a bit of everything….there's no point in depriving them of everything."*

(Arooj, 40s, family 4)

Indeed, most mothers, like Arooj, used a logic based on their own knowledge and beliefs to produce a balance in their children's diet between healthy and unhealthy foods. This sense of balance manifested itself in different ways. Kiran (family 2), for instance, went for cereal bars, because she thought they were a healthier snack option than crisps or chocolate, Arooj (family 4) bought "weak type of cereals" (containing relatively less sugar) to balance out the less healthy parts of her children's diet, and Seema (family 8) said she allowed fizzy drinks and crisps only at the weekend, in order to balance out healthy and unhealthy eating across the week. Seema also described how she had regulated her children's sugar intake in light of her perception that the consumption of sweets and fizzy drinks had been responsible for her child's multiple tooth fillings.

> *"Sweets ruin your teeth. Fizzy drinks ruin your teeth. Like when my child was young, I used to give him fizzy drinks and sweets, with the result, that [the child]*

has now 3-4 fillings, and I don't want the same thing happen to my younger child, so I am more careful now."

(Seema, 30s, family 8)

However, Seema still gave her children something sweet to eat after their evening meal, because she wanted to please them.

"Once they have they have their dinner. But I do like to give them a little dessert, which is...could be like a little… I'll make custard and something, and I'll put a bit of jelly, or like a little princess cake or something, now that it's the weekend, and they do like a little sweet at the end. That's the only thing they're allowed. Or Ice cream. They have just a small ice cream. They like to have a dessert every day. But it has to be little."

(Seema, 30s, family 8)

Like other mothers, Seema was quick to point out that the children's daily allowance of sweet things was small. She also said she was concerned about their diet and did not want them to become overweight like her husband.

"I am worried about my kids as well. I want my kids to eat healthy. I don't want them to grow overweight like my husband…. He's always…like …he was never…was never skinny, skinny, but he used to be medium and now he's double XL, so now he's really struggling, and he's feeling it."

(Seema, 30s, family 8)

The complexity of the decision-making undertaken by the second-generation mothers can be thus appreciated by reviewing Seema's dilemma. She wanted her children to be happy, healthy and to fit in with their peers. However, to achieve this, she had to balance her children's consumption of healthy with unhealthy foods. In her case, she tried to achieve this but cutting sugary and other unhealthy foods down, rather than out, of her children's diet, and to balance them with more healthy options.

This section has also suggested that children themselves influence decision-making around food, by virtue of the fact that mothers take their preferences into account

when provisioning food and feeding them. However, to suggest that children are wholly responsible for food practices would be to overstate their influence for, as the next section shows, other factors also influence what the younger generation ate.

7.4.3 Multiple familial influences

In Pakistani culture parents and grandparents are involved in parenting, although the main responsibility around children's food practices still lies with the mother. Motherhood, in migrant families, has been compared to a 'moral career'; in the sense that it involves a lifelong investment of caring and responsibility (Liamputtong, 2006). Research has demonstrated that children's eating patterns are strongly influenced by characteristics of both the physical and social environment, with parents playing a direct role in children's eating patterns through their behaviours, attitudes, and feeding styles (Patrick and Nicklas, 2005). Although traditional roles were followed to a variable extent by the grandparents and parents involved in my study, in this section I will focus mostly on mothers and fathers in relation to the children's daily activities and associated food and eating practices.

As second-generation women described their daily routines, their willingness to juggle the precious resource of time for the sake of their children made their dedication to motherhood became only too apparent. However, certain compromises around food activities also had to be made. For instance, British-born Seema, a mother of two young children, explained how her day was structured and why she usually opted for a quick and easy to prepare meal, like noodles, for her children.

> *"And then I do feel that I am doing too much, if I work too much in the house. Well my daughter has ballet on one day, both go swimming on one day, Thursday, my son goes to chess club. Friday they have no activities outside, but then we have got Quran, half four till six. I take them. And then he [son] has got football. So there is always something. And this is why I go for quick kind of meal."*
>
> *(Seema, 30s, family 8)*

Seema was by no means an exception. Most mothers in my study described how, in addition to being responsible for looking after the family's food needs, part-time

employment and transporting their children to various places of learning and activity also took up a lot of their time. This created competing priorities, which, in turn, affected the food they provided for their children. Indeed, like Seema above, many women cited the lack of time arising from their mothering and other responsibilities as a reason for opting for school dinners rather than packed lunches or for giving their children convenience foods in between school and other evening activities.

> *"So I'll just bring them maybe the readymade pizzas because they only have that hour to go to the mosque. Aaa what else? Fish fingers, fish pies, and they like pizzas.."*
>
> *(Arooj, 40s, family 4)*

Staple foods such as roti were replaced by wraps for the same reason.

> *"It is an issue with time, so I use wraps, you know wraps? So those wraps, I still have some in my fridge, so I have previously boiled the chicken and then frozen it. So I take it out, and either grill it or stir fry it and add salad and spice, and wrap it, cut it up and serve it to them. So I think twice a week there is definitely roti."*
>
> *(Kiran 30, family 2)*

Fathers also had an influence on their children's food and eating practices; in particular, fathers was described as playing a central role in ensuring their children knew about, and ate, Halal foods.

> *"There is a great contribution of my husband in this regard, he has trained them well in these matters [Halal foods], right from the beginning. I think I don't have any problem now. They never ask at home. They know what they are supposed to eat. [Points to the school menu pinned up on the wall]. Sometimes I tell them from here, this is vegetarian. I have this school dinner menu here. "*
>
> *(Sabeen, 30s, family 1)*

Indeed, mothers who were raised in Pakistan, like Sabeen, believed that their husbands were better equipped to deal with local foodstuffs, due to their knowledge of English and own experience as a child in the UK, acknowledging their

limited experience in these matters in comparison to their British-born husbands. In addition to providing information on halal foods, mothers and grandmothers described how fathers influenced their children's diets by providing them with sweets and other treats. Not only did many mothers describe how their husbands bought large amounts of snacks and treats into the home, they also gave the impression that they were helpless to do anything about this arrangement. This included Sabeen who had moved in with her in-laws a few months before her interview. She described how, when they had lived separately, she had only allowed her four children to have sweets at the weekend; however, now her husband picked the children from school and gave them sweets on a daily basis.

> *"When he goes to pick them up from school, then they insist to be taken to the shop to get sweets….Children do bring things, but they know something like that is going to be at home...chocolates or things like that...And their father does a lot for them too...brings it for them.."*
>
> *(Sabeen, 30s, family 1)*

Though fond of chocolates herself, Sabeen was not in favour of her husband giving large quantities to her children. However, according to her, her husband could not resist his children's demands for sweets. In family 3, Waqar also bought home many sweets and chocolate items, and ate them on daily basis, particularly when watching television with his children. His wife, Saima, told me how he responded to her complaint that he was giving their children too many sweets and treats:

> *"For example for certain things like crisps etc. that are on a sale or deal somewhere he takes more of them because he knows there are kids home, and of course he himself is really fond of such things as well. Well, if it is more, the kids tend to eat more. It lasts the same time [laughs]. I often say to him...even yesterday he brought three, four, no five different types of chocolate bars. And I told him all this was unnecessary, and he replied that now that you're off these things, you're not letting the kids or myself eat it as well. I said well the crisps are okay, but the chocolate, and five bars of it, all different kinds...this is bounty and that is snickers…I said all these are trash, and not good for health. He said keep your health to yourself, and leave us alone!"*

(Saima, 40s, family 3)

A few reasons emerged as to why fathers were indulgent regarding sweets and snacks. Most of these men had spent their childhoods in convenience stores helping their parents and were used to having these snacks as children. As a result, they were still fond of eating these foods in the evening and permitted their children to do the same. Indeed, Perveen was familiar with her son's likes and preferences, and attributed her grandchildren's chocolate intake to their father's chocolate consumption.

> *"Well, we don't give the children things from outside, but chocolates they eat in abundance, since their father eats them."*

(Perveen, 80s, grandmother, family 3)

Another possible explanation could be that the fathers wanted to compensate their children for their absence by buying snacks as treats but, as only two second-generation fathers were interviewed, this cannot be said with certainty.

Hence, although both mothers and fathers were involved in feeding their children, the extent and nature of their involvement differed. While for mothers, feeding was an aspect of caring for their children, their food chores were compromised by their numerous other parenting responsibilities both inside and outside home. Fathers on the other hand appeared to use food to treat their children and make them happy. Although second-generation mothers were in charge of the food domain in these families, they deferred to their husbands, and gave the impression that they had limited control over their husband's and children's snack intake, even though they disagreed with this type of consumption and would like to reduce it. These issues of power and control will be taken up further in the following sub-section.

7.4.4 Maternal gatekeeping/ strategies for exerting power and control

As mothers, second-generation women enjoyed a position of power in terms of controlling the food consumed by children. They reportedly employed various strategies for increasing, limiting or modifying children's intake of certain types of foods. These strategies were sometimes very visible (overt) and other times hidden (covert), and included those (already reported above) of limiting children's intake of

fizzy drinks during weekdays:

> "*And then Monday to Friday, no fizzy drinks allowed. Only Friday, Saturday Sunday…Well Saturday, Sunday more because that's kind of weekend…but not like…just because they are allowed fizzy drinks, they can't have big glasses, maybe just half a glass…*"
>
> *(Seema, 30s, family 8)*

Although some mothers insisted that they enforced these rules diligently for the children's own good, the extent to which these rules were put into practice could not be confirmed and were sometimes thrown into question by my own observations when I was present in people's homes to do the interviews. Indeed, on such occasions, I often observed children asking for or helping themselves to all sorts of "restricted items", even on weekdays.

Other strategies adopted by mothers included rationing, portion control and/or placing sweets and treats in hard to reach or difficult to find locations.

> *"Normally I give the children two cookies each, or three if they insist. If the biscuits are within their reach then they would help themselves. So I keep them high up, where their hands cannot reach."*
>
> *(Saima, 40s, family 3)*

> *"Well, it is strictly for snack at school, so they are told you can only eat this much, because the children don't eat their meal you know…Well, they know where it is kept, sometimes I keep them secret as well....but it is okay things are under control [laughs]."*
>
> *(Kiran, 30s, family 2)*

In addition, mothers, such as Kiran, described attempting to control their children's consumption of sweets and treats, by limiting their purchase and, hence, the quantities available in the home:

> *"Well, my kids listen to me…It's hard because kids are kids. But now at this stage they understand. Because I let them have treats as well, it's not that they won't have*

them. It's for them that I buy stuff... And I don't buy too much crisps and stuff. I buy just few packets, just when I need some, like every Wednesday after swimming…Our people [Pakistanis] buy anyway, if the thing is cheap they fill their cupboards….If you buy too much, of course your kids are going to [eat it]...I buy just enough sweets and stuff for a week. Yeah. It's the best way to do that, 'cause everybody here is out and about every day."

(Seema, 30s, family 8)

In the quotation above, Seema also pointed out that she had put a lot of effort into making her children appreciate the significance of food rules, and several other mothers also described how they had had to be really firm in order to keep such rules in place.

"As the kids have a habit of asking before taking anything, and if I say no...they do argue or resist a bit, but ...Well, I have to be firm with them, if I say no, I mean no. If you give them a slight….if you back off a bit, they think it is okay, and no means yes [laughs]."

(Kiran, 30s, family 2)

Mothers had not only developed strategies to restrict the intake of certain foods, but also to encourage their children to eat other "approved" foods. For example, both Fozia and Sabeen described how they served their children food that had been disguised so that they were unable to make out the contents, the aim of this deception being to get them used to the taste of certain foods.

"Like for example, I have made cauliflower, my children would eat it, I'll give them in a roll..."

Me: "Do you roll in roti or wrap or something else?"

"No, it is roti, and just so that they cannot see what's inside, just taste it. Because they only know by taste, if they don't like it on sight, then they won't eat it."

(Fozia, 30s, family 5)

Sabeen also described how she would lie about or not disclose the contents of curries to her children in order to get them to eat them.

> *"Whatever I made, my children ate that, whatever I made, even if I tried something new…. And the kids eat that too. I tell them it is elephant [laughs]...I did this from the beginning...and now they still are under my control."*
>
> *(Sabeen, 30s, family 1)*

In addition some mothers, such as British-born Seema, described using negotiation a strategy to make their children eat by emphasising the effort that had gone to into preparing meals.

> *"Yeah, yeah, there are days, that they…okay children, please eat rice, and they'll say Mummy please pizza, I say no. that's what I've made, I've put so much effort into it. Thank you very much, child. You've hurt me now. Okay mama, I'll just eat it now, but I say I'll make pizza some other day. And I do make it. It's not that…as long as they want it I can make it, but you see that day, they can't have it. Because I put in so much effort and took so much time, and I made this meal for my family, they should appreciate that. Like tomorrow, I'll make it."*
>
> *(Seema, 30s, family 8)*

In short, mothers used varying strategies to increase or decrease their children's consumption of certain foods.

7.5 Summary

This chapter highlighted the food and eating practices of the third and youngest generation, as described by other family members. It was observed that although as mothers, second-generation women were primarily responsible for feeding their children; children's food was the converging point of a multi-stranded family influence. By virtue of living as a multigenerational family, and especially in cases where the mothers were employed, several family members were involved in looking after and feeding the children, including the grandmothers who had their own beliefs about the kind of foods children should eat whilst they were growing up, and the fathers who fed them sweets and treats, in addition to teaching them about Halal foods.

For the second-generation women included in this study, their identity as a mother was foremost. The fact that a Pakistani mother interviewed them might also have had a bearing on the ways in which they presented themselves in these interviews, for it is likely they wanted to convince me that they were good mothers. The mothers appeared defensive and overzealous when describing their strategies as gatekeepers of their children's consumption, partially as a way of asserting that they were the primary decision-makers, while their accounts, and the behaviours I witnessed first-hand, revealed that they were often led by their children. This will be expanded and explored further in the discussion.

Mothers expressed their difficulty in managing the children's diet, revealing that decision-making was complex and involved many considerations. These second-generation women, especially those who were Pakistan-born, thought that allowing their children food items that other children were eating would help them to fit in with their peers. They also tried to balance health and taste, and gave in to their children's demands in the interest of creating harmony. All of this apparently produced demands on their time, and led them to resort to short cuts in cooking, and to use convenience foods.

Few studies have focused on food and eating practices in the third generation and the impact of other family members, as well as the child, on what the latter eats. Also children are potentially being overfed due to plethora of reasons I highlighted in this chapter, something which has not been reported before pointing to the novelty and importance of findings of this research.

Chapter 8 Discussion

8.1 Introduction

This qualitative research explored the food and eating practices in multigenerational, Pakistani Muslim families living in Edinburgh. Based on the themes emerging from the analysis, I reported the results in three separate chapters, one for each generation. In this final chapter, I will bring these generations together as a family and interpret my findings in light of the published literature. A major part of this chapter will be devoted to highlighting the intergenerational influences on food and eating practices.

First, I will give an overview of how multigenerational Pakistani families are organised in the UK, and how they differ from their area of origin, Punjab Pakistan. After revisiting my research questions, I will briefly describe the food practices reported in British households and the reason for using practice theory to gain an insight into household consumption. To bring the family back into focus after reporting the findings as three distinct generations, I will re-examine the four food chores, namely, provisioning, processing, feeding and eating , as they cut across generations, while highlighting the contributions made by individual members towards food and eating practices within the multigenerational family. I will then refer back to the concept of the gatekeeper of family food, introduced in Chapter 2, to expand on how it manifest within my study.

In order to understand the complex process of decision-making related to food in families, it is necessary to explore how different individuals engage in these negotiations. Interpreting influences related to identity, roles and relationships will help us to understand the meanings ascribed to different types of foods and to unravel the complexities underlying actual decision-making at individual and generational level. I will also use the life course perspective to unpack the linkages between food and health. In the closing sections I will highlight the strengths and weaknesses of this research and look at its potential contribution to the field of public health, by providing some recommendations for policy and practice. Finally, I will identify the key areas where important issues remain unanswered as potential areas for future research.

8.2 Multigenerational Pakistani families in the UK

Although family composition has become increasingly diverse in the UK, three quarters of the population still acknowledge their participation in a three or more generational family (Dench et al., 1999). Living as a multigenerational family is highly valued by Pakistanis living in the UK, as it satisfies many different kinds of needs and provides emotional and physical support (Peach, 2006). Furthermore, as depicted by Ballard (Ballard, 1982), multigenerational families are the norm in rural Punjab, Pakistan, from where the majority of the Pakistanis living in the UK originate. Living as multigenerational families is thus, arguably, an attempt to recreate the familiar family setup that the first generation of Pakistani migrants had experienced in their country of origin.

It is against this background that this chapter sets out to examine the food and eating practices in multigenerational Pakistani Muslim families living in Edinburgh. The eight families included in my research had two main types of living arrangements - the three generations either lived under one roof (six families) or lived in two or more separate houses in the same street (two families). Regardless of their living arrangements, all the families involved in this study met frequently to share meals and exchange food items. A typical family comprised a first generation elderly couple living with, or in close proximity to, the family of their British-born son, in self-owned accommodation. The son (second-generation man) usually worked in a family-owned convenience store or had a desk job. The daughter-in-law (second-generation woman) was more likely to have been born and bred in Pakistan, and either stayed at home or worked part-time. The third generation usually comprised three school-aged children on average.

8.3 Revisiting the research questions

I used a qualitative research methodology (Chapter 3) to explore the food and eating practices in Pakistani Muslim multigenerational families in order to answer the following overlapping research questions:

1. What are the various food practices (provisioning, processing, feeding and eating) within multigenerational Pakistani households in Edinburgh and how do members of different generations contribute to them?

2. What are the meanings and understandings that different family members attach to various types of foods?

3. How does being a member of a multigenerational family influence, inform and impact on everyday eating practices?

While the second and third questions are discussed later in the chapter (section 8.5), the following section discussed findings in the light of the first research question.

8.4 Four food chores constituting foodwork; situating the gatekeeper

As described in Chapter 2, I adapted the concept of food chores from DeVault's inspirational work on feeding the family (DeVault, 1994). These food chores, namely provisioning, processing, feeding and eating, are sometimes referred to collectively as "foodwork" (Beagan et al., 2008), and I use these chores to describe what different family members ate and how they each contributed towards these food practices. Foodwork is different from the term "foodways" which I also use in later sections - the latter term having been used to refer to the whole pattern of what is eaten, when, how and what it means - (Kalcik, 1984). Although my area of research interest encompassed contemporary food and eating practices, I found that taking account of the historical aspects and temporality of such practices was also important because past food and eating practices appeared to influence more recent ones. It has been long established that behaviour around food in the home is intimately connected to issues such as the division of domestic labour, gender and relationships between individual family members (Warde and Hetherington, 1994).

8.4.1 Routine food practices as reported in British families

Over the years, many studies have explored the food and eating practices in British households, highlighting the emotional and social significance of family food, however, two works demand particular recognition. The first one is Murcott's pioneering research in Wales (Murcott, 1982b), while the other study was carried out in York at about the same time by Charles and Kerr (1988). The former study documents what women perceive as a "proper meal", namely one comprising meat and two vegetables, prepared usually by the women and served hot upon the men's return from work in the evening (Murcott, 1982b). According to Murcott, the connection between food and culture is accentuated by the symbolic nature of this

"cooked dinner" in UK households at the time of the research, which not only signified the gender roles of men as breadwinners and women as homemakers, but also established the universality of foodwork as women's work. The study served to highlight that women planned and prepared their meals according to their perceptions of husband's likes and dislikes, rather than their own preferences (Murcott, 1982a).

The second study also highlighted the central importance of a cooked "proper meal" for the British family and extended this concept to include not only those who prepared the meal (typically the woman of the house), but also who was present during the meal (ideally a family meal required all family members to be present) (Charles and Kerr, 1988). This study involved interviews with 200 women with at least one pre-school child. The majority of these women were not in employment (60%), while the rest worked part-time. This study established that women undertake a disproportionately large share of foodwork, however, they were found to have least control over meal choices, as their partners' choices dominated the menu. This study was hailed as the first of its kind to detail the routine food production in British families, but was also criticised for its shortcomings, such as the specific characteristics of the women involved in the study (Beardsworth and Keil, 2002).

The two studies described above outline food and eating practices in British families, and provided an insight into the organisation of food chores in these families. A later questionnaire-based study tried to overcome the shortcomings identified in Charles and Kerr's study, namely, the specific stage of life course of the respondents, lack of clarity in describing class-based influences and the indirect way of obtaining information about the women's children and partners (Warde and Hetherington, 1994). This research was conducted in Manchester, and primarily focused on the household division of labour, but also included responsibilities and attitudes towards household chores and wider lifestyles. The analysis of 323 returned questionnaires showed that the women were still the major contributors to food preparation, with slightly increased involvement of men, which these authors related and attributed to the women's full-time employment. However, episodes of snacking and eating out were also reported, and these were seen to be a reflection of

more individualised eating practices as well as a sign of the increased affluence of respondents in this later study.

Even when the gendered nature of food preparation is reflected in a positive light in published literature, cooking is acknowledged as a female dominated activity, and referred to as "a way to the man's heart" (Neuhaus, 1999). Similarly, these food-related activities are also considered pleasurable due to their contribution towards family harmony, and making men happy (Murcott, 2000). These reflections were also echoed during my research and will be discussed in section 8.5.1c.

8.4.2 Applying the practice theory to household consumption

In recent years, scholars in the arena of food within families have hinted at a "cultural turn"(Jackson, 2011), as not only are the rapidly changing notions of family (typically assumed to be a nuclear family) being contested, but a practice-based approach towards exploring food and eating is also favoured (Warde, 2005). For my research, I visualised practice as "a routinized type of behaviour which consists of several elements inter-connected to one another: forms of bodily activities, forms of mental activities, things and their use, a background knowledge in the form of understanding, know-how, states of emotion and motivational knowledge" (Reckwitz, 2002 :249). This complements my adaptation of DeVault's food chores (DeVault, 1994), which I used to explore the food and eating practices in the families in my study.

Routine activities like cooking and eating form the basis of everyday family life, and are often described as "doing family", (Morgan et al., 1996). Morgan uses this concept to highlight the idea that "family" is a set of activities, which take on a particular meanings at a given point in time (Morgan et al., 1996). This concept of "doing family" recognises the fluid, diverse and multi-faceted nature of these taken-for-granted practices. This practice-based approach is useful for analysing and understanding the ongoing dynamics of everyday lives, including continuities and changes in food-related behaviours. To give an overview of the food practices in my research study, I will use the four food chores of provisioning, cooking, feeding and eating, in the following section.

8.4.3 Overview of food chores

Provisioning of food includes the planning for and actual buying of food items (DeVault, 1994). Within the multigenerational families included in my study, I found that provisioning was primarily undertaken by second-generation women, i.e., the daughters-in-law. However, this had not always been the case, as first-generation men had carried out this task for almost all of their adult lives. These men reportedly favoured bulk-buying of food items, stating their habit of doing this for their large, multigenerational families in Punjab, and the need to keep their families well-provided for at all times. After the first generation men had relinquished this responsibility, usually in their old age and due to ill-health, it was taken up by their co-residing daughters-in-law. In contrast to their mothers-in law, second-generation women were educated and mobile by virtue of owning a car and a license to drive in most cases. Second-generation men on the other hand, rarely contributed towards provisioning or processing of household food, except by bringing in snacks like crisps and chocolates, for their own consumption and for their children. Second-generation women also took into account their children's likes and dislikes, while shopping for various food items, especially brands of cereal or snacks.

There is little published research on food provisioning in UK based South Asians. An earlier questionnaire study, comparing the food purchasing habits of South Asians living in the UK with those of the Afro-Caribbean and local White population (Lip et al., 1995) involved a survey of weekly food purchasing habits and methods of preparation carried out in 224 households. The results showed that the highest quantity of fat in foods was present in those purchased by the South Asians, which was higher than the White group and significantly higher than the amount purchased by the Afro-Caribbean respondents. However, while this research provides information about what is purchased by these different groups, it provides little information about who is responsible for provisioning or how this changes over time. A more recent study in the UK explored the shopping and preparation of food in 198 British adults using self-completing questionnaires (Lake et al., 2006). A majority of these adults (79%) were married or cohabiting, and in their thirties. The study reinforced the enduring gender divide in food-related work, as significantly

more women than men were responsible for both shopping and preparation of food, even in co-habiting couples. The reasons cited included time issues as perceived by women and the perceived lack of requisite skill for appropriate shopping among male individuals. A similar picture emerged from my research where predominantly second-generation women procured food items, more or less giving the same reasons for not encouraging their husbands to contribute towards this chore. Another review of literature explored the relationship between ethnic identities and food consumption (Hamlett et al., 2008). It focused on the food shopping practices of South Asians in the UK between 1947and 1975 and concluded that age, gender and socio-economic status intersects with ethnicity to create food shopping patterns.

Processing of food, that is converting food items bought into the form of a meal, usually involves cooking in the Pakistani context. Indeed, Lip et al (1995) report ethnic differences not only in the purchase of foodstuffs, but also in the food preparation methods, which predominantly involved frying for the South Asians in their study. In my research, first generation men and women usually considered food processing synonymous with cooking from scratch, as they preferred to eat home-cooked traditional meals of salan and roti. Roti is the main staple in the diet of Pakistanis (Kassam-Khamis et al., 2000). However, in this study, the daily intake of roti was not uniform across generations or families. As bachelors, the first-generation men reported cooking and preparing traditional meals, including roti, from scratch during their early days after migration to the UK. Even though this was a challenging and time consuming task, it was reported as necessary for preserving their culture of origin.

As described in Chapter 2, preparation of meals by men was in stark contrast to the gender norms prevalent in Punjab, where men are always served food prepared by the women in their homes. Arguably it was for this reason that first-generation men promptly delegated the task of food preparation to their wives when they in the UK. These first-generation women readily took up the task, preparing and serving three hot meals (comprising traditional salan and roti) for their husbands and children. Traditionally, cooking is considered a valuable skill which is handed down through generations of women in the Pakistani context, although home-made meals have

been used to express norms of family cohesiveness and solidarity in the western context too (Lupton, 1994). According to the families interviewed in my study, once the daughter-in-law was brought in, the first-generation women relinquished primary responsibility for this chore, but maintained their hierarchical position by supervising everyday meal preparation.

However, processing food had different meanings for the second-generation women involved in my study. It included preparing meals from scratch as well as providing finishing touches to partially cooked convenience foods, such as pizza and wraps, which had been purchased from the supermarket, in order to save time. It also involved making fusion foods by modifying local recipes and adding familiar spices, or preparing local cuisines like fish and chips or chicken roast and vegetables. Seven out of nine second-generation women interviewed were Pakistan-born, and the majority of these had come to the UK after their marriage to their British-born husbands. All these women knew how to cook traditional foods, and also tried their hands at making non-traditional ones. However, even though these women were responsible for carrying out all food-related tasks, their mothers-in-law continued to supervise and have a say in everyday food preparation. It could be argued that this was part of the overall expectation of cultural continuity which these women were expected to inculcate in the lives of their immediate family members. Conscious of this expectation, second generation women devoted extra time and effort towards food preparation, equated to undertaking "emotion work" (Erickson, 2005) to keep their home environments harmonious. The result was evident in the form of parallel menus, especially for the evening meals, to cater for the preferences of various family members.

Feeding, considered an important food-related task in a review of research on food and families (Coveney, 2002), also appeared as an integral part of a woman's role in my research. Generally feeding was considered a function of caring and a lot of time and effort was put into this food chore, primarily by the second-generation women. These women were not only responsible for feeding members of their family, but also visitors and guests through preparing and serving hospitality foods. While it seemed to constitute an important part of a second-generation woman's identity as a mother, wife and daughter-in-law, other factors such as health issues, work

schedules and available time also influenced this task. During interviews, these women talked extensively about how feeding their children as well as other family members was their priority, and how they kept food preferences of different family members in mind while preparing family meals.

These women seemed to employ a complex decision-making process concerning the foods which needed to be prepared on every day basis and served to various members of the family, frequently prioritising feeding other family members over their own eating. Most second-generation women, especially those born in Pakistan, usually ate traditional meals, and often kept their co-residing parents-in-law company. They sometimes skipped meals feeling pressed for time, and also ate non-traditional foods prepared for their children or brought in as takeaway at the weekend. In contrast, British-born, second-generation men either favoured meat-based dishes at home or ate non-traditional items like pizza which they purchased from outside home. They were also fond of eating snacks such as crisps and chocolates while at work and while watching television after the evening meal. These men verbalised their lack of attachment with their parents' Pakistani identity, and appeared to negotiate their hybrid British-Pakistani identities (Jacobson, 1997) through their food intake (see section 8.5.1b)

The children ate five to six meals a day, and were the endpoint of many feeding practices, including from their parents and grandparents. Born and bred in Britain, the food that they ate was a mixture of their own preferences, their parents' perception about what they considered best for them and would make them happy, and their grandparents' ideas of a healthy diet, appropriate for growing children. Thus their everyday diet included sugary cereals and snacks (own preference and fathers' liking), roti and parathas made with butter (grandparents' preference), eggs, milk (mothers' preference) and convenience foods such as fish-fingers and hash-brown (meal alternatives).

The above summary of food and eating practices described in my study serves to highlight that, within these families, the majority of food-related chores were undertaken by the second-generation women. As I am familiar with the Pakistani culture this did not surprise me, and was taken into account at the design stage of

the study, in which I planned to include second-generation women in all families. However, the findings revealed a different and much more complex picture. Although it is commonly assumed that the daughter-in-law is totally responsible for foodwork in these multigenerational families, my findings suggest that other influences define and restrict her role as a "gatekeeper of family food"; these will be discussed below.

Having summarised the food and eating practices in multigenerational families as four food chores, it is evident that no single person can be labelled as the gatekeeper, and I will critique the way this concept has been used in literature, in light of the way it emerged from my research findings.

8.5 Gatekeeper/s of family food

The data suggest that second-generation women are the overall gatekeepers of family food in multigenerational Pakistani, Muslim families. This impression was strengthened by the fact that, as noted above, they were predominantly responsible for performance of all four food chores. Women's responsibility for food-related household chores has been observed in other studies of Pakistanis living outside Pakistan, including the UK (Ludwig et al., 2011, Mellin-Olsen and Wandel, 2005, Chapman et al., 2011). However, after in-depth analysis, I found that the second-generation women's decision-making was severely constrained, as it was influenced by many factors: their initial socialisation, cultural insight and life experiences acquired in their home country, the cultural and religious values that they were expected to transmit to the next generation, the time constraints and competing priorities, and other family members' preferences, especially the children. Indeed, the influence of children including their food preferences on provisioning and preparation was very striking.

Arguably, these second generation women had "constrained autonomy" as far as their role as gatekeeper of family food was concerned, for although they carried out all the requisite chores from provisioning to feeding for the family, their decision-making was influenced by other family members preferences and their own desire to please and be a good mother, daughter-in-law and wife. Conditioned for selflessness and putting their family first (Choudhry et al., 2002), Pakistan-born

second-generation women were confronted with time constraints resulting from social norms and obligations. These perceived and actual time constraints affected the food provision and processing adversely, as women favoured quick fix meals and pre-prepared products. I have discussed the concepts of "sandwich generation" (Riley, 2005) and "intensive mothering" (Hays, 1996) earlier, and the results of my study highlight the fact that the women of second generation, are looking after the food needs of both older and younger generations. Over and above the actual performance of food-related tasks, they were also doing a lot of "emotion work"(Erickson, 2005, DeVault, 1999), an essential requirement for "doing family"(Hertz, 2006), especially in a multigenerational context.

Due to the cultural embedded-ness of feeding as nurturing, and gendered nature of food-related activities, women felt they had to ensure a smooth functioning household at all times, as an understood part of their everyday routines. They not only wanted all members of the family to eat, but also to eat the food prepared gladly, and thus their choice of food preparation was informed by the individual preferences. Acquiescing to the children's demands for various food items has been reported frequently among mothers other than Pakistani (Albon, 2005).

Although gatekeeping has been a contested term in relation to family food (McIntosh and Zey, 1989), traditionally women have always been thought of as gatekeepers in South Asian context due to the gendered specialisation of household chores, where men are the providers, while women the home-makers (Ballard, 1982). In my study, it was seen that sometimes it was the men who had opted out of the food and other household chores, while in other cases the second-generation women seemed to have excluded them from these tasks, based on the premise that they were a female's domain, and that women could manage them better on their own. It was noticeable that despite owning or working in a convenience store, these men did not contribute towards food provision tasks at all, which were performed by the second-generation women usually through chain stores, an indirect sign of how these women positioned their gatekeeping decisions within families. Thus in the second generation, men retained their breadwinner role, but the provision of food had been taken up by the women, along with other food-related chores of preparing, feeding and eating.

The second-generation women's gatekeeping was evident in a number of strategies that they devised to limit or influence the food intake of the third generation. The second-generation men involved in the study reportedly compromised the women's gatekeeping role by bringing in junk food that they shared with the children, as well as making their choice of foods explicit, so that these were made part of the daily menu. The first-generation women had their own perceptions of the kinds of foods that should be fed to the children for growth and development, while the children reportedly asked for energy-dense non-nutritious foods, and alternatives to traditional meals. The second-generation women deferred to the wishes of mother-in-law and husband, and relented to the demands by children. Even though these women made more than one dish to please all family members, they tried to project the impression that they were the ones to decide what to serve, and praised their children for eating what was served, thus indirectly praising their own "home-making" skills, and expecting me to do the same. Thus efforts towards serving a proper, family meal in harmony reported in British households and described earlier (Murcott, 1982b, Charles and Kerr, 1988), was also mirrored in a more complex way in my study, evident in the aspirations expressed directly or indirectly by second-generation women.

In her seminal research publication, Valentine (1999) illustrates how identities are produced, articulated and contested throughout the lifecourse, through the dynamics of food and in the home locale. In common with my research, Valentine demonstrates that households can be a site of multiple, and sometimes contradictory consumption practices, where eating patterns are constantly negotiated and contested. This research uses case studies from seven different households to highlight the diversity of eating practices, as well as the complexity involved, however, although from different ethnic backgrounds including English and South Asian, all were nuclear families with parents and their children as a focus (Valentine, 1999). My study extends these concepts and builds on them for bringing out new meanings in a different context.

Food and eating in family setup is a complex process and the involvement of many generations adds a further layer of complexity, as the meanings and understandings about various foods differ by generation. Furthermore, being a member of a

multigenerational family influences, informs and impacts on other family members' food and eating in many ways, as discussed in earlier sections of this chapter. As described in Chapter 2, the recently published results of the PODOSA trial (Bhopal, 2014) have acknowledged that targeting women - the gatekeeper - for nutrition-based interventions was unable to bring about a change in family diet. Making women the focal recipients of health knowledge was not enough to influence the other family members, and my study sheds some light on this for it demonstrates the myriad of influences and constraints on women's choices when it comes to food chores. In fact, it can be argued that my study shows that in multigenerational Pakistani families, there is not one but many key influential persons when it comes to family food intake, and hence multiple gatekeepers exist. My study makes a substantial contribution in this regard, and acknowledging and accounting for the existence of multiple gatekeepers of family food can enhance the impact of future nutrition interventions.

I will now move on to discuss the myriad factors influencing these practices which will help me to answer the second research question i.e., what are the meanings and understandings that different family members (of different genders and generations) attach to various types of foods. These influences often cut across generations and genders; however, as I will also attempt to highlight below, generalisation was often limited due to the diversity of my findings.

8.6 Food and eating practices as identity work

Food and eating practices are influenced by many factors at the individual level, however, when explored in the family context, the complexity increases. More layers are added by virtue of the fact that the families under consideration are multigenerational and at least the older generation still refers to themselves as Pakistani, an ethnic minority rather than British citizens, even after spending decades in the UK. This complexity is reflected in the accounts of individual family members.

8.6.1 Food and Identity

Food is used to reinforce actual and perceived roles and identities within families (Kittler et al., 2011), and its consumption is also guided by culture. Culture is a

dynamic concept that is constructed and reconstructed by historical and contemporary experiences (Loustaunau and Sobo, 1997). Although defined in varied ways by different individuals, culture plays an important role in constructing related concepts of ethnicity and ethnic identity (Nagel, 1994). Ethnic identity, an active, creative social process is being continuously negotiated at the individual level, but is reconfirmed and regenerated collectively (Phinney and Ong, 2007). As suggested by Werbner (1997:18), "…ethnicity is as much the product of internal arguments of identity and contestation as of external objectification", thus, it is considered contingent and situational in nature.

Eating food entails a host of personal social and even global factors, which combine and add up to a complex food system. A variable degree of negotiation in relation to food intake is always present in families, because a number of personal preferences are involved (Coveney, 2002). Identity, defined as a sense of who and where one is within the social order, and its links to food intake have been studied and contested for a long time (Belasco, 2008, Caplan, 1997, Cappellini and Parsons, 2012). However, being a multifaceted and elusive concept, I have categorised identity into three dimensions, to enhance understanding of the way it interacts with food and eating in my study. I have named the three dimensions that come to light as a result of my research as individual identities (including ethnic, cultural and religious identities), composite identities (including hybrid British-Pakistani and situational identity), and relationship-based identities (including those of a mother, wife, daughter-in-law).

8.6.1a. Individual identities

The various dimensions of individual identity apparent in my study included ethnic, cultural and religious identities. Although gender is also part of individual identity, I will discuss it with relationship-based identities in a later section. These dimensions of individual identity often overlap in the arena of food and eating practices, due to the centrality of food in the expression of culture and ethnic background and because of its symbolic nature (Fischler, 1988). Ethnic identity is a part of an individual's self-concept, derived from individual acknowledgement of membership of a specific ethnic and cultural group, and the value and significance attached to that membership (Tajfel, 1981). A recent review of social and

psychological correlates of food consumption has concluded that ethnicity or identification with an ethnic group influences individual dietary practices (Carrus et al., 2011).

As described in Chapter 2, all the families involved in my research originated in rural Punjab, Pakistan. The first generation respondents had migrated to the UK two to four decades ago, and had lived in various cities of the UK, before settling in Edinburgh. They were very keen to share their experiences of the initial years after migration, even though the focus of my study was on their current food and eating practices. By virtue of their initial migrant status, as well as their original intention to return to Pakistan (Anwar, 1978), this generation had tried to preserve their culture and ethnic identity, which was still reflected to a considerable extent in their present day food and eating practices. Recounting their initial efforts at maintaining traditional food practices by learning how to cook from scratch, acquiring halal meat, and eating together with fellow countrymen, these first generation men appeared to be reaffirming their attachment to being Pakistani Muslims. The narratives of these men were also remarkable as they specified a diversion from the traditional gender norms. Traditional meals of roti and salan were reportedly arduously prepared by these first-generation men, in direct contrast to gender norms prevalent in Punjab, where all food-related work inside homes is a woman's job (Ballard, 1982). The proud way in which this task was referred to by the first-generation men involved in my study appears to demonstrate the importance they attached to eating traditional food, reflecting a nostalgia for familiar homeland, and a desire for connectedness to those left behind, common to other migrant populations (Mares, 2012). The same sentiments were voiced by British-Pakistani individuals with type 2 diabetes living in Edinburgh (Lawton et al., 2008), who expressed their inability to change their traditional diet of roti and salan despite the fact they knew it could be harmful to their blood glucose control and health.

Other studies involving Pakistanis living in Britain paint a similar picture in terms of a preference for traditional meals in order to maintain identity. Qualitative research conducted in Bradford looked at the way in which Pakistanis perceived their food, and found generational differences in consumption of traditional food. The first generation preferred eating roti and salan, considering it tasty, original,

filling, and above all, a "proper meal"(Jamal, 1998). The same study also reported that the older men were reluctant to try English foods, despite considering them healthier than their own cuisine. This resistance to acculturate to the majority culture among first generation Pakistanis has also been referred to as evidence of a "stubborn identity"(Mir, 2007), since it is evident that all their efforts were directed at preserving their original culture, including food and eating.

A similar tendency to preserve aspects of original food cultures and relate these aspects to taste, preparation effort and method, and adherence to religious dietary rules has also been documented in research involving migrants in Oslo (Garnweidner et al., 2012). This research involved in-depth interviews with 21 female immigrants from 11 African and South Asian countries, including Pakistan, whose parents were foreign-born. The study recorded three types of dietary adaptation, categorised as limited (only food on special occasions was traditional), flexible (breakfast and lunch shows adaptation in content and preparation) and strict adherence (traditional evening meals) to their own food culture. The families included in my study also exhibited similar types of dietary adaptations; however, the evening meal also included non-traditional food items to cater to the varied needs of family members in the younger generations.

The first generation Pakistani individuals involved in my study seemed to exhibit a typical migrant experience around food and culture termed as "museumisation" (Gupta, 1997), which suggests that some cultural traditions are frozen in time and deliberately continued by the migrant individuals due to their perceived cultural authenticity. Eventually, as a result of this process, and because time moves on in their societies of origin, the practices of these migrants hold little resemblance to those in their countries of origin, as reported in two case studies of Punjabi families living in Canada (Chapman and Beagan, 2013). A few practices reported by the first generation respondents in my study fit into this category, for instance, the practice of spreading butter on roti. This practice is rarely observed in Pakistan; however, all the families I interviewed stated that roti was never consumed without butter.

This attachment to traditional food preparation and eating seems not only to have helped initial migrants to maintain links with their homeland, but to establish

kinship networks in the UK. The first-generation women in my study frequently spoke of using food exchange for hospitality and creating network of friendships - "fictive kin"(Shaw, 2000). However, making a new home in the diaspora was considered a challenge due to the perceived distance between the two cultures (Brown and Talbot, 2006). These first-generation women perceived traditional food as a crucial link to ethnic identity and a way of "doing family" (Morgan et al., 1996, DeVault, 1994), both essential components of preserving their original culture. Even now, these women demonstrated a yearning and perceived connectedness with their homeland, despite living in the UK for a number of decades.

Religion and culture are considered building blocks of overall identity, as salient as kin connections and shared language or religion (Jacobson, 1997). A major overlap exists between religion and culture in Muslim societies (Cleveland et al., 2013). The related nature of all these facets of individual identity was apparent in my study. Not only was Muslim culture in Pakistan different from that prevalent in the UK, but the first-generation Pakistani migrants appeared very motivated to maintain this difference and preserving traditional food and eating practices was perceived as a way of doing this. Preference for traditional meals, with roti as an essential component, was one aspect of culture and has been discussed in earlier sections.

Within the Pakistan-born first generation, a commitment towards food-related values that had a religious and cultural basis was also evident. These included observing halal rules for food intake, commensality, hospitality and avoiding food wastage, all of which arguably reflected a connectedness with the Muslim and Pakistani identity. Food sharing in all forms, including hospitality for guests, is favoured by Islam (Kifleyesus, 2002), hence commensality held both a cultural and religious value among my respondents. The same food-related values were evident in the narratives of Pakistan-born second-generation women included in my study, as they highlighted their efforts at ensuring the presence of all family members for the evening meal, even if it meant preparing additional dishes. The similarity in their views with the first generation individuals and conscious efforts in this regard might be attributed to a similar socialisation at an early age, as British-born second-generation women did not seem to hold the same views. In fact, the British-born women and men involved in my study provided a contrast to the food-related

values held by their Pakistani-born counterparts. As reported in chapter 6, such British-born second-generation women were not particularly keen on eating with the rest of the family or eating leftover food in order to avoid waste. Similarly, while following Muslim halal food rules in general, British-born men usually favoured non-traditional dishes, including those prepared outside their homes.

8.6.1b Composite identities (hybrid and situational identities)

As described in Chapter 6, the British-born second-generation men within families included in my study also appeared to be constantly negotiating their multiple individual identities and these differed from those of the first-generation individuals and second-generation women. Generally, these men opted out of family traditional meals, despite the routine preparation of such meals in their homes, preferring to eat fried, meaty dishes. During their interviews they expressed their difficulty in identifying with their parents' Pakistani ethnic identity, and said they had visited Pakistan infrequently. Having spent their lives in the UK, they had started eating non-traditional foods from outside their homes in their adolescence. Similarly, the British-born second-generation women seemed to resist the Pakistani stereotype of preparing traditional meals every day, insisting that their lack of interest in cooking did not imply a lack of cooking skill on their part.

Ethnic identity in second generation migrants has been termed a "hybrid" identity (Hall and Du Gay, 1996, Modood, 1998), which is the outcome of exposure to multiple cultures and an ongoing evolutionary process which involves making sense of and translating these differing cultures (Karlsen and Nazroo, 2002). The British-Pakistani (Hussain and Bagguley, 2005, De Sondy, 2013) identity is reportedly one such hybrid identity through which the second-generation men seemed to navigate their everyday lives, including their eating practices. Preferring not to eat the traditional foods prepared in their homes was arguably a way of emphasising the British aspect of their identity and men who ate an evening meal with their families influenced the whole family's menu to the extent that it included catered for their preferences.

Second-generation men's food practices can also be understood by the concept of "situational ethnicity"(Okamura, 1981). This concept, a juxtaposition of one's social

situation and ethnicity, acknowledges that ethnic identity is continually being constructed and reconstructed based on imagined and existing structures and lived experiences (Koc and Welsh, 2001). The fluid nature of ethnic identity and its complexity is best exemplified in immigrant populations, as it reflects varying levels of adaptations and compromise, which are necessary for immigrants to live coherent lives (Koc and Welsh, 2001). Situational ethnicity was evident in my study in the food choices of second-generation men. Although they might prefer non-traditional foods, hence their request for fried meat-based dishes at home, these men identified as Muslims, which meant that they opted for Halal food when eating outside their homes. In this way these men navigated their way between their multiple identities, modifying their food-related behaviours according to the context.

8.6.1c Relationship-based identities

Multigenerational family living arrangements involve many different relationships, all of which have an effect on the food and eating practices. Gender roles, defined by culture and religion, form the basis of relationship-based identities within the multigenerational families in this study. In the first generation, traditional gender roles were observed, with men as providers and breadwinners, and women as homemakers. However, men took up cooking and preparation of traditional meals when they came to the UK as single males, as part of "identity work" (Bugge, 2003), delegating these food practices to their wives on their arrival. The first-generation women continued the same tradition, often compensating for their husbands' long working hours by preparing tasty meals, as befitting a dutiful wife, and as defined by culture, religion and gender norms. There appeared to be a shift in traditional gender roles in the second-generation interviewees in my study. Although the second-generation men continued to be the breadwinners, almost all food-related provision had been taken up by their wives, who still retained their role as home-maker.

"Kin-keeping" has been identified as women's work (Rosenthal, 1985) and was very was visible in the families in this study. Due to the challenging responsibilities of taking care of elderly parents on one hand, and young children on the other, the contemporary second-generation has been labelled as the "sandwich generation"

(Riley, 2005) in the literature, a term not specific to Pakistani families but very much applicable in my study.

Within Pakistani families, the responsibility for caring for both older and younger generations usually falls exclusively on the second-generation women, normally the daughter-in-law, while the men of the same generation are exempted from these responsibilities. In addition to culture and tradition, these "women in the middle"(Brody, 1981) are bound by religious obligations to care for their older and younger generation, in line with the collectivist nature of their society of origin (Ballard, 1982). Consequently, during meal preparation, all family members' preferences and needs have to be catered for by the second-generation women which has an impact on the overall food and eating practices of the multigenerational family. This prioritising of family members 'preferences and needs and its impact will be further discussed towards the end of this chapter.

However, it is pertinent to note here that the mother-in-law and daughter-in-law often do not enjoy a congenial relationship in Pakistani culture, as both vie for power and the second-generation men's attention, and this can potentially affect the way everyday life including meals are managed. In my study, these differences were emphasised if the daughter-in-law was British-born and brought up in the UK, as arguably the cultural differences were wider. For example, even though living in the same house, these second generation women often prepared two separate types of meals and ate their breakfast and lunch separately.

The second prominent relationship was that between the second-generation women and their children. Of all the identities of the second-generation women, being a mother was prioritised. As highlighted in Chapter 7, parents and grandparents are involved in parenting in the Pakistani culture, although the main responsibility for children's food and eating still lies with the mother. Motherhood, has been compared to a 'moral career'; in the sense that it involves a lifelong investment of caring and responsibility (Liamputtong, 2006). Research has also demonstrated that children's eating patterns are strongly influenced by characteristics of both the physical and social environment, with mothers playing a direct role through their behaviours, attitudes, and feeding styles (Patrick and Nicklas, 2005). In my study,

however, the reciprocal influence of children on mothers' feeding practices was also evident, as the former's likes and dislikes seemed to influence food shopping as well as meal preparation. The second-generation women's desire to be good mothers, and their aspiration that their children should have access to the same foods as their peers, seemed to result in the children being over-fed.

Traditional roles were followed to a variable extent by the grandparents and parents in my study in relation to the children's daily activities and food practices. Mothers in this study seemed to be highly involved in all spheres of children's life, including the food arena, a type of involvement referred to as "intensive mothering" in the literature (Hays, 1996). As the term implies, this is a gendered model in which mothers are seen as expending tremendous amounts of time, energy and resources to raise their children. This model is perfectly in line with the religious teachings of Islam about how a mother should raise her children, and corresponds to the socially and culturally constructed mothering practices prevalent in most parts of South Asia, including Pakistan (Zaman, 2014). These ideals of mothering impacted upon the feeding practices of second-generation women, the health implications of which I will discuss in section 8.7.

Finally food is also used for maintaining relationships beyond immediate family members, and the second-generation women described hospitality as their responsibility, as such being a host also formed part of their relationship-based identity. Due to religious and cultural reasons, guests were always welcomed and treated with the best food, prepared in abundance. Other studies have also pointed to the cultural salience of hospitality as an ethnic tradition (Bush et al., 1998), and the role it plays in forging relationships among fellow migrants from Pakistan (Shaw, 2000) as well as demonstrating socioeconomic status (Bradby, 2002). On one hand, the foods prepared for the guests made more food available to the members of the host family during the visit as it was customary to eat with the guests. On the other, it also resulted in leftover food, which was routinely finished off by the hosts to avoid wastage. Although the main purpose was to avoid waste as recommended by Islam, this resulted in over- eating by various family members. Similarly, sweet dishes were reportedly prepared in large amounts for hospitality purposes, and

then consumed over many days, again resulting in some family members over-indulging. This finding is unique to members of the first-generation as well as Pakistan-born second-generation women, and has not been reported before.

8.7 Life course perspective applied to food and eating practices

In this section, I use the concept of "life course perspective", i.e., the way people live their lives in changing times and across various contexts (Mortimer and Shanahan, 2006), to discuss the link between health and food and eating practices within multigenerational families. This perspective has been used to study how the life history of groups or individuals in society may explain differences in health (Wethington, 2005), and is the leading theoretical orientation for the study of patterns of lives as they unfold over time (Elder Jr, 1995). The life course approach has recently emerged as a powerful framework to understand health and illness (Lynch and Smith, 2005), and its application has been recommended for understanding diet and nutrition over people's lifetime (Devine, 2005). As my study included three distinct generations, each with their own history, experience and accompanying food and eating practices, the concept of the life course can help bring together the various influences and health issues as manifested in these different generations, incorporating a temporal point of view (Wethington, 2005). Thus I use this concept to include and connect biographical time, transitions and health. It is also a way of bringing health and migration into focus, especially due to the near absence of health-related discourse in the accounts of food and eating. Known to address the balance between stability and change, this perspective can also help explain differences in behaviours and the reasons underlying them. Thus the life course perspective incorporates several concepts that may facilitate our understanding of the implications of individual behaviour and change over time in relation to food and eating, and with regards to different temporal, social and historical contexts (Devine, 2005).

8.7.1 Trajectories

The first concept is "trajectory", which is defined as a pattern of behaviour that a person engages in over time, its impact on health and illness over time, and social factors affecting that behaviour (Wethington, 2005). Research conducted three decades ago showed that the diet of South Asians at the time was healthier

compared with their white counterparts (McKeigue et al., 1985), comprising small amounts of meat, fish or dairy products and large amounts of roti or rice, pulses, fruit and vegetables, providing a diet that is high in fibre and carbohydrates and low in fat (Wyke and Landman, 1997). The results of a study employing a three day food diary and food frequency questionnaire in Bradford revealed that both Pakistanis and Caucasian men ate fried foods in the same frequency, however, the Pakistanis' diet comprised a greater variety of vegetables, and more starch as compared to their White British counterparts (Smith et al., 1993). While the former ate freshly prepared curry and roti, salad and fruit at least once a day and a greater variety of vegetables, the latter were known to consume processed meat and sweet baked goods. However, the diversity within South Asian population and their culture and religion makes generalisations difficult, and changes have also been observed to the traditional diet with time.

In my study, both food and eating behaviour and health impact trajectories differed in the three generations. The first generation individuals involved in the study seemed to strive continuously to maintain traditional meals of salan and roti and primarily favoured home cooked foods, especially for the evening meal. The use of butter in large quantities in traditional recipes was also acknowledged by most first-generation respondents in my study. My respondents often commented on their greatly enhanced economic and physical access to butter, which encouraged them to use it more frequently and in large amounts. This finding is by no means novel, as similar use of increased amount of fats in diet and a preference for butter has been documented in other studies conducted among South Asians in the UK (Simmons and Williams, 1997, Anderson et al., 2005, Kassam-Khamis et al., 1995, Joshi and Lamb, 2000). However, my study provides specific evidence of continued use even after decades of residence and in the presence of chronic illness, highlighting the enduring influence of culture before migration (Garnweidner et al., 2012).

The British-born second-generation men involved in my study appeared to be trying to dissociate themselves from their parents' food-related traditions. They frequently skipped breakfast, were fond of snacking and eating outside the home, and eating meat-based dishes almost every day. They seemed to find more value in influencing the menu to include non-traditional meat-based foods if eating at home,

while also frequently opting for non-traditional food outside their homes. An earlier qualitative study conducted in Scotland has also found similar gender differences within South Asians populations, with men reporting a preference for eating meat while the women preferred vegetables (Wyke and Landman, 1997). It has also been reported that having white friends, eating in non-Asian homes and being born in Britain is associated with reduced consumption of traditional foods and increased consumption of western foods among South Asians (Kassam-Khamis et al., 1995). The same study also found that for South Asians in the UK, the length of time since immigration has an effect on diet with an increase in the frequency of consumption of western foods and a decrease in that of traditional foods. Another recent cross-sectional study involving 141 adult South Asian men attending mosques in Burnley employed a food and health questionnaire as well as self-reported anthropometric data (Ellahi, 2014). This study found that the South Asian Muslim men were consuming the same amount of protein, but higher total fat and lower carbohydrate as compared with British males (Ellahi, 2014).

In my study, even though the Pakistan-born second-generation women generally seemed to favour traditional foods for the evening meal, they prepared and served non-traditional foods as well to please other family members. The second-generation women's duty of looking after the household, and responsibility as a "culture bearer" within the family was designated both by the Pakistani culture and Islam (Campbell and McLean, 2003). Indeed the interest of the family took precedence over individual interests, as seen in other research (Ludwig et al., 2011), and considered a hallmark of collectivist societies (Triandis, 2001).

The third generation was heavily influenced by older generations with different members contributing to their feeding practices in different ways. These children reportedly ate traditional as well as non-traditional food. It is worth highlighting that the children's fathers regularly brought them sweet treats, in addition to being given extra meals and (energy-dense) snacks by their mothers because they believed their children needed to be filled up. This finding is particularly salient given the recent evidence which suggests that South Asian children of primary school age in the UK are at high risk of obesity and metabolic disorders (Pallan, 2011). Another study compared the diets of Pakistani children from Bradford with those living in

Pakistan and found that the Bradford children were significantly less likely to eat vegetable, fish, or dairy than those in Pakistan and were more likely to eat meat, sugars, fizzy drinks and fast food (Edwards et al., 2006). The overall structure of the children's day in my study also favoured quick, energy-dense meals, as school was quickly followed by religious classes, cars were used for commuting, and there was hardly any time or opportunity for physical activity. The same issues have been raised in a focus group study conducted with 64 stakeholders in Birmingham, UK, (Pallan et al., 2012), which looked at the other contextual influences on obesity among South Asian children. The grandmothers were identified as key persons favouring children's increased food intake in the Birmingham study, however, in my study, primarily the fathers were reported to be the ones bringing junk food into the home and consuming it with their children on daily basis. While mothers tried to absolve themselves of the responsibility for overeating by outlining a host of strategies to control their children's diets, they also gave in to the children's demands for alternatives to traditional home-cooked meal, often serving an unhealthier food to keep the children happy and present at the table. Furthermore, thinness was equated with being unhealthy for children in Pakistani culture, and the desire for health of their children also led to the second-generation women's tendency to overfeed in my study.

Overall, the evening meal was considered the main meal of the day, in which most of the members of the family were present and home-cooked food was served on most days of the week. The same has been reported in an earlier small scale study of Sikh and Muslim South Asian migrant women in Glasgow (Anderson and Lean, 1995), which found that great importance was placed on the main evening meal usually comprising home-made dishes of South Asian food. However, the presence of parallel menus among South Asians, as described in this study, has not been reported before.

As described earlier, changes in food and eating practices over time were discernible in the accounts of family members in this study. These changes were a combination of the two processes described in Chapter 2, namely nutrition transition -an overall global process - as well as food acculturation – individual responses to exposure to new foods (Satia, 2010). Numerous studies have shown

intergenerational differences with greater signs of acculturation in second generation than in first generation South Asians, where British-born South Asians are found to be more likely to eat 'English' foods (Mares et al., 1985, Pieroni et al., 2007, Jamal, 1998). Some changes in diet reported by family members in my research were in line with the Kockturk Model (Koctürk-Runefors, 1991), which states that staple foods take the longest to change as identity and taste are important mediators of dietary change. In my study, items such as roti were still retained, especially among the first-generation, as it was perceived as important for identity and a staple food. Also first-generation individuals as well as Pakistan-born second generation women found compromising on taste a challenge, and reported continued use of butter and the familiarising of new recipes by adding familiar spices. This preferential and increased use of butter has also been reported in other studies among Pakistanis living in the UK (Joshi and Lamb, 2000, Kassam-Khamis et al., 2000). The use of butter in large amounts especially by the first generation also affirms the idea proposed by researchers that the likelihood of consumption of energy rich and processed foods is increased after migration, particularly when these are considered status foods in the country of origin, and are more available and accessible (Holmboe-Ottesen and Wandel, 2012).

Related to these food trajectories were the health outcome/impacts that had developed over time among my interviewees. As stated in Chapter 3, even though my inclusion criteria did not include a person with chronic illness in the family, almost all families studied had one or more person with a nutrition-related chronic illness (e.g. Type 2 diabetes (usually referred to as "sugar"), hypertension and heart disease etc.). Most of the time, these diseases were perceived as a taken-for-granted part of ageing. A matter of concern was the fact that the majority of first generation respondents suffering from chronic illness reported lack of good control and an unwillingness or inability to make the requisite dietary changes.

The third generation appears to be overfed, having five to seven meals a day, including many energy dense foods with low nutritional value (i.e. junk food). Being over-weight was rarely expressed as a matter of concern, and often described as linked to hereditary rather than food intake, especially when talking about children. This finding reflects the cultural construction of obesity as described by

Pakistani females in a study conducted in Manchester (Ludwig et al., 2011). In this qualitative study, fifty-five first and second generation Pakistani women participated in focus group or semi-structured interviews. Fictional vignettes and images of body shapes were used to explore the participants' beliefs and practices regarding diet, overweight/obesity and the risk of type 2 diabetes. The complex influence of multiple identities including Muslim, Pakistani and British was found to affect food and eating. Being overweight was seen as an inevitable part of the life stage after giving birth, and its link with type 2 diabetes was rarely articulated. Furthermore, obesity, as opposed to thinness, was seen as a sign of health, and not articulated as a problem (Ludwig et al., 2011). Similar to the findings of the current study, the women in this earlier study said that preparing food that their husbands liked and the collectivist nature of family life acted as a barrier to dietary change.

All these trajectories – which result in over-eating and overconsumption of energy dense foods- point to an increased risk for adverse health outcomes such as obesity and chronic disease (Gilbert and Khokhar, 2008). However, in three out of eight families, positive dietary changes in response to illness were also observed. These changes will be discussed in the section on adaptive strategies.

8.7.2 Transitions and turning points

Transitions are changes in social roles and responsibilities, and go hand in hand with trajectories (Elder Jr, 1995). They are considered important when considering the nutrition-related life course, as even subtle adjustments at any given time can have a long-term impact on food and eating in individuals and families (Wethington, 2005). Major transitions are referred to as turning points, and are usually identified as an opportunity for interventions (Devine, 2005). Although all members of multigenerational families undergo an ongoing transition, its nature and impact on food and eating practices differed between generations and genders.

As described in Chapter 2, migration has been labelled as a social determinant of health of migrants (Davies et al., 2009). For the first-generation individuals in this study migration to the UK was seen as a turning point rather than a mere transition. During the initial period these men learnt how to cook traditional meals, a task exclusively designated to women in their culture of origin, and unheard of for men

of any age (Ballard, 1982). Thus, their identity underwent multiple transitions, with Pakistani identity overriding the gender ideology, while they adapted to their circumstances. Sometime later, when they brought in their wives, they continued in their customary role as provider and breadwinner, and the traditional gender roles were restored for preparation of food.

The transition was also evident in the initial experience of first- and second-generation women following migration. At the time of these interviews, second-generation women had taken up major responsibilities both outside and inside their homes, and were primarily responsible for all four food chores. However, many of the second-generation women had taken up part-time paid work which resulted in a real, as well as perceived, lack of time. This in turn resulted in a change towards non-traditional menus in some families, which in some cases meant the consumption of more unhealthy food and eating practices in the family.

Health was articulated as apriority by the majority of individuals I interviewed regardless of age, generation or gender. Thus, the second turning point in the lives of the first-generation individuals was, arguably, the diagnosis of chronic illness, which persuaded many of them to bring about dietary changes. While I will report these changes in the sub-section on adaptive strategies, it is pertinent to note that most of the respondents seemed to take the presence of chronic illness in their stride.

A striking finding in my research was the widespread acceptance of chronic illness amongst the majority of first generation men and women who took part in this study. The idea of illness being an inevitable part of later life has also been reported as a barrier to lifestyle change in a review of other studies involving South Asians (Patel et al., 2012), and has also been reported in Non-Pakistani groups (Cornwell, 1984) as well as for other illnesses such as stroke (Pound et al., 1998). Other research exploring the disclosure of type 1 diabetes by South Asians living in the UK noted that their disclosure of illness was pragmatic; the individuals favoured disclosing health status in the workplace and for social events, but not when looking for marriage prospects (Patel et al., 2011). However, another reason why my respondents did not volunteer that they suffered from chronic illness such as

diabetes and heart disease could be frequent presence of these illnesses in the Pakistani community, leading to what Bury has termed normalisation of chronic illness (Bury, 1991).

The British-born second-generation men were continually negotiating their hybrid British-Pakistani identities, and marrying a Pakistani born woman could have been a turning point in their lives. However, they generally seemed to continue their past food and eating practices after marriage, contrary to their mother's hopes and expectations. The Pakistani-born women who came to the UK after marriage seemed very conscious of their role as culture bearers, and seemed to put in a lot of effort to prepare meals according to their husbands' liking. For these second-generation women, the migration-related transition was reported to be relatively easier than their first-generation counterparts, due to presence of education and better financial status.

8.7.3 Cultural and contextual factors

Many cultural and contextual factors have been known to influence food and eating practices, including ethnic identity (D'Sylva and Beagan, 2011, Caplan, 1997, Carrus et al., 2011), gender (DeVault, 1994), beliefs about specific foods (Cappellini and Parsons, 2012) as well as values and norms around food chores in families (Charles and Kerr, 1988). The different dimensions of identity and the ways these were negotiated within multigenerational families appeared to strongly influence what individual family members ate.

Unsurprisingly, and like other migrants, the first generation in my study wanted to retain their family- and food-related culture and traditions in their current lives. Preferring to live as multigenerational families, they continued to eat three meals a day, spaced according to daylight hours and prayer timings. Although this generation made many adjustments for other family members' routines, the basic culture of collectivism (Triandis, 2001) defined most of their behaviours. Valuing commensality as eating together with family members was the norm in their culture, these first-generation individuals often reported eating their breakfast late, or evening meal earlier than usual, while having a lunch in between the two meals. These three meals squashed together in a few hours could be detrimental to their

health in the long run, in addition to becoming a barrier to good control of their chronic illness. A desire for commensal eating which makes meals irregular has also been enumerated as a barrier to good control of diabetes in other migrant populations (Chesla et al., 2009). Similarly commensality also acted as a barrier in other ways, as elderly respondents in my study stated that they found it difficult to ask for special foods to be prepared for them, as all family members were expected to eat the same food, signifying family cohesion. Similar concerns about not wanting to burden other family members by asking for separate food preparation has been observed in other studies involving South Asian cardiac patients in the UK (Chauhan et al., 2010, Astin et al., 2008).

Mirroring other research conducted in the UK (Baradaran and Knill-Jones, 2004, Misra and Khurana, 2010) the link between food and ill health was recognised by the members of the first and second generations involved in this study, the former referring to their excessive use of butter after migration as the cause of their chronic illness, while the latter gave examples of tooth decay in children due to intake of fizzy drinks and snacks. It appeared that these individuals used their cultural understanding to make sense of several aspects of their chronic illness experience, including causation, treatment, consequences and transmission. Many first generation respondents thought that the treatment for one ailment had caused the other, their beliefs usually based on information obtained from other affected individuals, and often clashing with the biomedical approach towards health and illness. The same perception was also expressed by Pakistanis and Indians in a qualitative study exploring their perceptions and experiences of taking hypo-glycemic agents conducted in Edinburgh (Lawton et al., 2005). My results similarly indicated that the elderly were more reliant on cultural knowledge acquired through generations, than the modern medical knowledge, most of which they said they did not understand.

Traditional roles and responsibilities also impacted upon daily food practices and health needs. The second-generation women, particularly those born in Pakistan, used their cooking skills to show that they cared for their family members, in common with South Asian women living in other Western countries (Halkier, 2007, Joshi and Lamb, 2000). Selfless-ness and putting family first, is seen as an attribute

of a good woman in South Asian cultures (Choudhry et al., 2002). This study, like other research on South Asian female migrants (Choudhry, 2001), suggested that second-generation women juggled many familial responsibilities simultaneously, and that this preoccupation with others' needs created a lack of time to look after their own health needs.

The health of second-generation men also seemed to be at risk, although for different reasons. Although privileged members of their families whose food preferences were given importance in meal menus, they were born and raised in Britain, identified with British-Muslim identity rather than Pakistani and had lost interest in traditional foods over time. They rarely ate regularly and preferred non-traditional foods. This pattern of food intake, with increased risk for NCDs due to ethnic and genetic predisposition (Mako, 2013), along with many being visibly overweight, has potential negative health implications for this generation of males.

8.7.4 Timing and the life-course

The concept of the critical period specifies that events and exposures at a particular or more vulnerable period of life may have long-lasting effects (Wethington, 2005). Eating food is an activity undertaken throughout the lifetime, and the effects of food intake can accrue over a period of time to bring about a resultant change at a later stage in life, as research on chronic diseases has established (Darnton-Hill et al., 2004). As already described above, the first-generation individuals involved in my study considered chronic illness as a part of growing older. However, as the results reported in chapter 5 suggests, despite the presence of chronic illness, only a few had made the requisite changes in their diet. In addition, most members of the first generation did not think that any change was required for the third-generation, as they perceived childhood to be immune from ill effects of adverse food choices. The general concept of taking food as fuel coincided with the prevalent notion that children needed increased amount of strength-giving foods for their growth. Furthermore, the traditional/ cultural beliefs about body image, that rounded bodies were well-fed bodies could predispose the children to becoming overweight or obese, and could also cause delay in adopting the interventions required by overweight adults.

Children were the focus of multiple feeding practices from parents and grandparents and thus, seemed to be overfed in many ways. Parental feeding practices were a contributory factor in my study, as demonstrated by other research (Champion et al., 2010). The number and content of meals and snacks reflected their parent's and grandparents' views that children should be well-fed, kept happy and also that they were immune to the ill effects of various foods they themselves had sometimes been asked to refrain from, such as butter etc. The children were fed in excess to enable their growth on the premise that the baby fat would wear off as they grow older (Bhardwaj et al., 2008). This is a matter of concern as research comparing British South Asian and White primary school children in ten English towns showed that the former had more insulin resistance and increased sensitivity to adiposity, and, similar to the adult South Asian population, were at increased risk of developing type 2 diabetes than their local counterparts (Whincup et al., 2002).

However, the perception of risk itself is complex and multifactorial, and research in Netherlands shows that risk perception alone was not sufficient for South Asians to join a diabetes prevention program (Vlaar et al., 2014). Furthermore, the cultural beliefs around feeding children were also seen to be highly influential in this study, a fact known to affect health behaviours universally (Backett and Davison, 1995). Even in the multigenerational families in my study whose children appeared to be overweight, the mothers and grandmothers referred to them as having a broad frame, rather than being over-weight. Arguably, this conception of body size is due to the cultural notion among South Asians (Bhardwaj et al., 2008) that a rounded body signifies good health and affluence, and hence is desirable.

The first and second generations involved in my study seemed oblivious of the fact that they were inadvertently contributing towards the risk of ill-health in their children's later lives, which may be due to the fact that they did not link early life style factors with later disease. Indeed, a recent review of qualitative studies in UK suggests that South Asians, even those diagnosed with chronic illnesses, are not convinced of the relationship between lifestyle and disease (Lucas et al., 2013).

8.7.5 Linked lives

This term implies the interdependence or influence of one on another, and is an important concept underlying the life course perspective (Wethington, 2005). The multigenerational family can be an appropriate example of linked lives, and the overall culture of collectivism ensuring that others' food preferences are prioritised echoes this concept. In addition, the close ties that these families enjoyed with non-related individuals their "fictive kin" (Shaw, 2000), are also influential in understanding these links.

In my study, first generation individuals were eating food brought in from takeaways, despite preferring and eating exclusively home-cooked meals all their lives, so they might join in with the rest of the family. The second-generation women had taken up chores outside the house and sometimes paid part-time work, which created time constraints, in turn reflected on daily food preparation and menu choices. The second-generation men's preference for meat-based fried dishes influenced the content of the family's evening meal, while the sweet treats and snacks they brought in were routinely shared with their children. The children's desire for non-traditional dishes had made the second-generation women try out new recipes of non-traditional food items.

All of these examples demonstrate the generational interdependence and its impact on the food and eating practices in these families. However, although the data suggest the influence of the collective on food practices a more individualistic approach was also evident. This can be referred to as "gastro-anomy"(Fischler, 1988). This concept refers to a situation in which there is a crisis in the criteria of food choice, the symbolic value of food and commensalism. This was more visible in families where the daughter-in-law was British-born. There was evidence, although slight, that the diet of these few multigenerational families was gradual changing and becoming more westernised, i.e. high in carbohydrates and fats as well as low in fibre, thus moving away from the healthier traditional diet. As there were so few families with British born daughter-in laws in this study it is difficult to reach any firm conclusions, however, the influence of the place of origin of the daughter-in – law on family diet, is an area for further research.

The influence of linked lives concept was most visible in the food practices of members of the third generation, who are not only the endpoint of multiple feeding practices, but also exert their own reciprocal influence on family food by expressing their likes and dislikes. The parallel menus that challenge the stereotypical notion of multigenerational families eating the same food, at the same table, at the same time also contest this concept of linked lives.

8.7.6 Adaptive strategies

These strategies include conscious decisions that individuals make to improve their health and well- being, and social norms that might facilitate or hinder these decisions (Wethington, 2005). This concept is used to describe the role of individual choice and decisions in producing life change. I will discuss two types of adaptive strategies that emerged from the results of my study. The first one refers to the changes made by first-generation individuals and their family members in response to the diagnosis of chronic illness.

Although most first generation individuals stated their preference for traditional foods such as roti and salan, in two families, a major change in food and eating practices was reported. This included a change in the basic preparation method from frying to boiling and grilling, which had resulted in a positive weight loss for the individuals in the past one year. Also minimum oil was used in the form of oil spray, and home-made sweets were not prepared or served. Studies among Pakistanis living in Norway have also demonstrated the gradual shift from butter to rapeseed oil as a result of a nutrition intervention (Kjøllesdal et al., 2010), however, generally, the reduction in oil leads to a change in taste and appearance not considered acceptable, despite health benefits, as shown in a review of barriers to lifestyle changes among South Asians (Patel et al., 2012). It is important to note that both these first-generation couples involved in my study who reported changes lived separately from their son's families, but in the same street. In a third family, the first-generation woman had omitted sugar, and improved her breakfast by including fish and cereal, for perceived health benefits. That diabetes is caused by sugar is a prevalent belief reported among Pakistanis (Lucas et al., 2013), and also a reason why diabetes is called "Sugar" in layman terms in South Asia, including Pakistan (Rankin and Bhopal, 2001). The existence of these strategies in families

involved in my study points to the fact that even though health is not a priority while making food choices for many Pakistanis, and traditional foods are greatly valued, there are still instances where changes in diet are acceptable and continued over time in family setup.

In the rest of the families which were part of my study, even if the first-generation individuals had chronic illness, food remained more or less the same as before the diagnosis, except for slight changes such as substituting butter with margarine as spread on toast (but not for roti), omitting sugar in tea, and replacing fizzy drinks with diet ones. The last two changes were mentioned most frequently by other family members when asked if they had modified their diets in response to chronic illness in the family.

The other type of adaptive strategies reported by second-generation women involved the way they tried to exert their own influence on their family members, especially children. Some of these women were motivated by health reasons to employ a certain strategy, for instance limiting children's fizzy drinks and sweet treats to the weekend in family 5, due to experience of dental caries in the past. The notion of balance was also based on un-scientific reasoning, for instance, the second-generation woman in family 4 balanced her children's packed lunch to include all four groups, the way she thought best. However, this balancing of food by mothers has also been reported in non-Pakistani women, when they interpret dietary recommendations in view of their own knowledge (Wood et al., 2010). Choosing a healthier snack for school, and allowing cereal as it facilitated milk intake were also reported as strategies in my study, as was wrapping vegetables in roti to make them invisible and hence edible by the children. Thus, although food choice strategies have been known to make choices easier on daily basis (Furst et al., 1996), they were often used in my study to align perceived values regarding health and actual food intake.

8.8 Strengths and limitations of the study

There are a handful of studies exploring food and eating practices among Pakistanis living in Scotland, but few have explored it from a multigenerational perspective (Jamal, 1998, Wyke and Landman, 1997, Anderson et al., 2005) and none have

examined the three generations' perspective in any detail, underscoring the originality of my own study as a novel piece of research. I used my composite role of insider and outsider to the best advantage in all phases of the study (Wilkinson and Kitzinger, 2013). While on one hand my identities as a Pakistani woman and a mother facilitated making contact and recruiting respondents and helped form rapport before and during interviews, on the other my identity as a health care provider could have proved troublesome if disclosed, as the interviews might have taken the shape of a client provider interaction. Furthermore, I was apprehensive that if I had disclosed that I am a health professional, I would be asked information rather than told about experiences, even to the extent that participants might have withheld important information from me, which I needed for my study. Therefore, I decided not to disclose information about my position as a health care provider, and, over time, I learnt to view my knowledge about health issues as an asset, which helped me elicit and understand valuable and relevant information, which would not have been possible otherwise. Knowledge of and fluency in all three languages spoken by members of multigenerational families was an asset that I put to good use- arguably without these language skills it would have been impossible to do this study as involving translators has been known to reduce the amount and credibility of the in-depth data obtained in qualitative interviews (Morrison et al., 2013).

Approaching the community members directly, as well as through a local society working with Pakistanis, greatly helped recruit respondent families. Research has shown that responses to written invitations are minimal and non-direct recruitment approaches result in very poor response amongst members of South Asian groups (Lloyd et al., 2008, Sheikh et al., 2009). Giving interviewees a choice of language (between Punjabi, Urdu and English) and venue (home or place of work) for the interviews was regarded favourably by the respondents, and face-to-face invitations for involvement in my research facilitated my access to a community that is not open to outsiders like myself, a new arrival to Scotland from Pakistan.

An ethnographic approach was used to inform this study because it allows one to investigate people's lives as a whole, while elements of a case study approach suited the purpose of the overall enquiry and permitted a level of thoroughness and detail which would have been difficult otherwise (Creswell, 2013). I was able to get to

know the people individually, was able to appreciate the quality of relationship they had with other individuals in the family and could see the different ways in which they interacted and influenced each other (Archer, 2002). Exploring food and eating practices making use of multiple accounts from the same family also proved to be useful as a research strategy in making sense of the family's food and eating practices (Milburn, 1995).

Conducting interviews at respondents' homes is also a strength of my study as I was able to gain some a first-hand knowledge of the everyday life and family dynamics, as well as some insight into the food-related activities that individual members of the family were engaged in, which would have been missed otherwise (Gregory, 1995). However, by virtue of being a guest, I may have only been able to observe people's best behaviour in my presence. It is worth noting that being in their homes accorded me the opportunity to see children helping themselves with snacks and other such items, which contradicted data collected in interviews with their mothers (Draper and Swift, 2011).

A different mode of obtaining consent used in this study can be applied in other research among South Asian populations, as it was successful in making the respondents feel at ease and facilitated good relations which, in turn, made interviews more informative (Pilnick and Swift, 2011, Marshall, 2008). This involved securing all steps in obtaining consent prior to interview, except the signatures on the consent form, which were taken towards the end (Bhutta, 2004). The decision to take verbal consent initially, especially from individuals of the first generation, and delay the written consent until the end of the interview (Lipson and Meleis, 1989), was based on cultural insight about the importance and official nature of signatures as held by Pakistanis.

This research is not without limitations, the first and foremost being its restriction to multigenerational Pakistani, Muslim families living in Edinburgh. However even though the families involved in the study lived in Edinburgh, knowing the population structure and living arrangements in Glasgow, I can say that these two cities where this population resides in large numbers, show similar characteristics in terms of multigenerational families. Despite diversity being stated as a hallmark

among people of South Asian origin (Brown, 2006), all my respondent families came from rural Punjab in Pakistan. Due to this shared background, many of their foods and ways of eating were similar, and these might not be the same as those of Pakistanis living in the UK who have migrated from other parts of the country.

Small numbers could be a major limitation as members of only eight multigenerational families were interviewed (Sandelowski, 2001). However, theoretical and not statistical generalisability was intended due to the exploratory nature of my research (Lewis and Ritchie, 2003). Another limitation is that only three second-generation men could be interviewed despite efforts on my part, hence their views might not represent the views of others not included. Similarly, I only interviewed two British-born second-generation women, and thus these small numbers do not allow for generalisations to be made.

Omissions worth mentioning are the absence of second-generation women who were in full-time employment (Evans and Bowlby, 2000), and second-generation men who had come to the UK after marriage as husbands to their British-born wives (Charsley, 2005). Including such diverse respondents could have uncovered other interesting dynamics within families. Last of all, questions were deliberately not asked about the socio-economic status of the families included in my study, as it was deemed culturally inappropriate to make such enquiries. Furthermore, it could also not be ascertained as to which family member was specifically paying for the food being consumed by the family members, for the same reason.

As reflected in Chapter 3, being a Pakistani who came from Punjab myself, it is possible that I might have missed out on certain important clues or information, due to familiarity with own culture. It is also possible that respondents might not have shared some issues with me because they assumed *a priori* knowledge on my part due to our shared background. I often encountered a certain degree of what Goffman describes as "presentation of self"(Goffman, 1959), among all respondents, but specifically among the second-generation women, presumably because they considered me as a fellow Pakistani mother who might judge their mothering as good or bad. I also realise that being from the same community, and a mother of young children myself, might have put the mothers in a defensive position. In my

presence, second-generation women seemed to put in a lot of effort to present themselves as good mothers, which sometimes contradicted the actual activities observed in their homes, during my presence (see Chapter 7). Hence these women, and generally all respondents, seemed to want to create a desirable impression. Their conscious effort in this regard, or front-stage behaviour was offset to a certain degree by my access to their backstage behaviour by virtue of conducting interviews in their homes, and in the presence of other family members. It was also expected in light of various studies I read in advance which suggest that when people tell their stories and share their experiences during interviews, some degree of self-presentation always seems to go on in which people attempt to present themselves in a favourable light (Bury, 2001). People are also known to use their accounts of the past to justify and make sense of what they are doing in the present (Williams, 1984), and my respondents often used their understanding and past experiences to explain their current practices.

8.9 Recommendations for policy and practice

1. As evidenced by this research, the complexity of food and eating practices in Pakistani multigenerational families is compounded by issues relating to ethnic identity and cultural values. Based on the results of my research, I recommend that all dietary interventions directed at Pakistanis should involve dietary adaptations which take culture and traditional values into account. For example, as roti is considered an identity food as well as staple, especially amongst first generation migrants, it should be recognised that any dietary advice should take account of the fact that people may both want and need to continue to eat traditional foodstuffs. Hence, attention should be focused on adapting traditional foodstuffs in order to reduce their fat, salt and sugar content rather than recommending wholesale dietary changes. As my findings have also highlighted the importance of taste, dietary recommendations should take into account that any change in recipe would be only be acceptable so long as the taste is not compromised.
2. My results have also demonstrated that in multigenerational Pakistani families, there is no single gatekeeper of food, therefore, dietary interventions should be designed in such a way that the preferences and

influences of all family members on each other's diets are taken into account. Specifically, rather than focusing on the female responsible for food-related activities in nutrition interventions, which would appear to be based on the erroneous premise that she has the power to bring about a change in family diet, the contributions of all family members towards food-related decision-making should be recognised and put into practice.

3. The apparent overfeeding of children living in multigenerational Pakistan families is a matter of public health concern. I recommend that awareness should be raised in the Pakistani community as well as the health care providers, and this issue should be highlighted for inclusion in future public health policy. Based on the evidence of overeating in children found in my research, it is recommended that in addition to current initiatives generally directed at children, more emphasis should be placed on children of Pakistani origin, regarding their food and eating at home as well at school.
4. The health care providers responsible for taking care of patients with chronic illnesses such as type 2 diabetes need to be made aware that Pakistani first-generation individuals might have a meal pattern that is different from the majority population, which could potentially entail meals taken very close together to allow for commensality. An inquiry into meal timings and advice on meal content and spacing during consultations could help improve chronic disease management amongst such patients, considering their pattern of meal intake reported in my study.
5. Raising awareness within overall Pakistani community about the link between everyday diet, weight and ill health is also recommended. The health-related information should explain preventive nature of chronic illnesses such as type 2 diabetes, and enhanced vulnerability due to ethnic origin. Furthermore, the long-term impact of food and eating in childhood, on overall health as well as developing NCDs in later life, should also be emphasised.

8.10 Recommendations for potential future research

1. The results of this research point towards a definite transition in food and eating in multigenerational families. A similar study can be conducted in

Pakistan to examine the level and direction of change, if any, and its relationship with health status, alone and in comparison with such families in the UK.

2. Food and eating in second-generation British-born men of Pakistani origin is an under-researched area, and potential studies in this area can help understand their motivation for opting out of family food as well as design diet-related health interventions specific to this group. My research also indicates that this segment of population is not accessible if approached through female members of the family. Therefore, for the purpose of such research, it is recommended that such men should be directly approached for recruitment, rather than through their family members.

3. This small-scale qualitative research study has pointed out that the third-generation Pakistanis (comprising primary school aged children) are potentially being overfed, however, this can be confirmed and the quantity and quality of foods consumed can further be ascertained through use of quantitative methodologies.

4. Chronic illnesses, especially type 2 diabetes, and the underlying behaviours affecting them such as those concerning food and eating have been known to cause multiple economic burden at individual, family and state level (Cecchini et al., 2010). Keeping in mind the magnitude of the problem, the appropriate type of cost-effective preventive interventions (health care for high risk and community-based for general population) around food and eating among Pakistanis living in the UK as well as Pakistan should be investigated.

5. Comparative research should be designed to look at underlying motivations and individual/ family characteristics that lead to positive dietary change within the multigenerational families, including the person and significant others (Paisley et al., 2008), as well as factors which can sustain this positive change (Rydén and Sydner, 2011), so that the results can be used for advising individuals, families as well as incorporation into new policy initiatives.

6. Early nutritional interventions, especially those health promotion interventions that have been found to be successful should be culturally adapted. Guidelines and principles developed for behavioural interventions (Netto et al., 2010) should be used to design and tailor programs to meet the needs of specific ethnic minority populations as well as take account of the contextual factors. Recent review of culturally adapting health promotion interventions has highlighted that offering a package of interventions and focusing on the family values can greatly increase their effectiveness (Nierkens et al., 2013). Evidence related to short-term as well as long-term effects should be sought for the relevant intervention (Jepson et al., 2010).

8.11 Conclusion

In conclusion, it may be useful to re-emphasise some of the points relevant to the above discussion. Without re-treading on the ground already covered in results (Chapters 4-7) earlier, it is worth noting that the results of the research are aligned with and have attempted to answer the three broad research questions posed at the conceptual phase, and address the research gaps identified in Chapters 1 and 2. The subsequent analysis highlights the novelty of the findings, and underscores the contributions towards existing body of knowledge. The first generation Pakistani migrant women in the UK have minimal representation in food or migration research literature, although the men and their migration experience have been documented (Banks and Ballard, 1994, Ballard, 2003). However, the role of first generation men in food-related household tasks also remains an under-researched area, especially among South Asian migrant population in the UK. This qualitative enquiry of the varied influences on food and eating in multigenerational families is one of its kind, highlighting important public health issues such as influences of co-residence and the relative contribution of different generations as well as the impact of food and eating on health and illness. The eclectic use of different concepts to understand a complex issue adds to the novelty of the findings. This study makes a substantial contribution in this regard, engaging in analysis of food and eating practices at a number of levels including family, generations, culture, historical viewpoint and life course as well as health, to link these levels and unravel the complexity involved.

It was evident in the early stages of the study that it was women who were not only responsible for food and eating practices, but also actively involved in relationships that held the family together, i.e., kin-keeping. However, despite bearing the responsibility for most food chores, women's gatekeeping was severely constrained by a range of factors making food-related decision-making a more complex process. Other influences such as identity and reciprocal relationships also have an impact on food and eating practices in multigenerational, Pakistani families. As this study effectively shows, there is no single gatekeeper of family food in Pakistani multigenerational families and all family members have an impact on what each individual eats. Hence, challenging and expanding the concept of gatekeeper of family food is major contribution of this research.

Children are the endpoints of multiple feeding practices, which when combined with their own food preferences have the potential to cause weight gain and health problems in future. This research is the first to recognise and illustrate the presence of over-feeding and over-eating in children living in multigenerational Pakistani families, as well as the reasons underlying these.

Many other health implications of food and eating practices regarding families and individuals which constitute them have also emerged from the findings of this study. These have been described and unpacked by using the lifecourse perspective, so that aspects related to both continuity and change in food and eating practices at individual, generational and family level can be explored. The various concepts included in this perspective underscore the different ways in which food and health interact in a multigenerational family over time, both generally and in the presence of chronic illness. These influences in relation to food and eating practices can create barriers as well as facilitators to healthy living. Culture and identity provide a backdrop to, and enhance understanding of, the trajectories of current eating practices in light of the past experiences, including that of migration. The reciprocal influences of different family members on other members' food and eating have also been elaborated. Recommendations for policy and practice as well as potential areas for future research have also been identified.

Finally, this research reiterates the value of qualitative research in the public health arena, emphasising the potential value of studying families with a food and eating perspective. Recommendations extended in light of the findings can help unravel the complexities involved, and take this research forwards.

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Annex 1: Self-Audit Checklist for Level 1 Ethical Review

University of Edinburgh,
School of Health in Social Science
RESEARCH ETHICS COMMITTEE

Self-Audit Checklist for Level 1 Ethical Review

This ethical self-audit of proposed research has been conducted by the student in collaboration with her supervisors.

Name of PhD student: JunedaSarfraz
Name of Supervisors: Dr Julia Lawton, Professor Amanda Amos

Name of Department: Centre for Population Health Sciences

Title of Doctoral Research Project: Food and Eating Practices of Multigenerational Pakistani Muslim families living in Scotland: A Qualitative Study.

1. IRAS or LOCAL AUTHORITY/SOCIAL WORK ethical review
Does the project require IRAS review or review by bodies aboard? **NO**

2. Protection of research subject confidentiality
Are there any issues of CONFIDENTIALITY which are not ADEQUATELY HANDLED bynormal tenets of academic confidentiality? **NO**
These include well-established sets of undertakings that may be agreedmore or less explicitly with collaborating individuals/organisations, forexample, regarding:

(a) Non-attribution of individual responses;
(b) Individuals and organisations anonymised in publications and presentation;
(c) Specific agreement with respondents regarding feedback to collaborators andpublication.

3. Data protection and consent
Are there any issues of DATA HANDLING and CONSENT which are not ADEQUATELYDEALT WITH and compliant with established procedures? **NO**
These include well-established sets of undertakings, for example regarding:

(a) Compliance with the University of Edinburgh's Data Protection procedures (seewww.recordsmanagement.ed.ac.uk);
(b) Respondents giving consent regarding the collection of personal data;
(c) No special issues arising about confidentiality/informed consent.

4. Moral issues and Researcher/Institutional Conflicts of Interest
Are there any SPECIAL MORAL ISSUES/CONFLICTS OF INTEREST? **NO**

(a) An example of conflict of interest would be a financial or non-financial benefit for him/herself or for a relative of friend.
(b) Particular moral issues or concerns could arise, for example where the purposes of research are concealed, where respondents are unable to provide informed consent, or where research findings would impinge negatively/differentially upon the interests of participants.

5. Potential physical or psychological harm, discomfort or stress

(a) Is there a SIGNIFICANT FORSEEABLE POTENTIAL FOR PSYCHOLOGICAL
HARM OR STRESS for participants? **NO**
(b) Is there a SIGNIFICANT FORSEEABLE POTENTIAL FOR PHYSICAL HARM
OR DISCOMFORT? **NO**
(c) Is there a SIGNIFICANT FORSEEABLE RISK TO THE RESEARCHER? **NO**

6. Bringing the University into disrepute

Is there any aspect of the proposed research which might bring the University into disrepute?
NO

7. Vulnerable participants

Are any of the participants or interviewees in the research vulnerable, e.g. children and young people, people who are in custody or care, such as students at school, self-help groups, residents of nursing home? **NO**

8. Duty to disseminate research findings

Are there issues which will prevent all participants and relevant stakeholders having access to a clear, understandable and accurate summary of the research findings? **NO**

Overall assessment

Since all the answers are NO, the self-audit conducted confirms the ABSENCE OFREASONABLY FORESEEABLE ETHICAL RISKS.

"*I confirm that I have carried out the School Ethics self-audit in relation to my proposed research project titled "Food and Eating Practices of Multigenerational Pakistani Muslim families living in Scotland; A Qualitative Study" and that no reasonably foreseeable ethical risks have been identified."*

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Annex 2: Ethics Review Form for Level 2 and Level 3 assessment

University of Edinburgh

School of Health in Social Science

RESEARCH ETHICS COMMITTEE

Ethics review form for level 2 and level 3 assessment

This form should be used for all research projects carried out by staff or students in the School of Health in Social Science that have been identified by self-audit as requiring detailed assessment - i.e. level 2 and level 3 within the three-tier system of ethics approval set out by the School Research Ethics Committee. The levels within the system are explained in the School Research Ethics Policy and Procedures document. Please indicate which level applies to your research.

This form provides general School-wide guidance. Proposers should supplement these with detailed provisions that may be stipulated by research collaborators (e.g. NHS) or professional bodies (e.g. BPS, SRA). The signed and completed form should be submitted, along with a copy of the research proposal, research instruments and information and consent sheets to the relevant person (Subject Area Research Ethics Co-ordinator for staff, postdoctoral fellows and postgraduate students, Dissertation supervisor for undergraduate students). Level 3 requests should also be lodged electronically with the School Research Ethics Administrator for forwarding to the Chair of the School Research Ethics Committee.

Research Ethics Committee will monitor level 2 proposals annually to satisfy themselves that the School Ethics Policy and Procedures are being complied with. They will revert to proposers in cases where there may be particular concerns or queries. For level 2 and 3 assessments, research work must not proceed until issues raised have been considered by the appropriate people. It is particularly important that level 3 applications are submitted well in advance of any required date of approval.

The form developed by the College of Humanities and Social Science is used for level 2 and 3 reviews. If the answer to any of the questions below is 'yes', please give details of how this issue is being/will be addressed to ensure that ethical standards are maintained.

1 THE RESEARCHERS	
Your name and position	Juneda Sarfraz, PhD student, Centre for Population Health Sciences

Proposed title of research		Food and Eating Practices of Multigenerational Pakistani Muslim Families living in Scotland; A Qualitative Study
Funding body		None
Time scale for research		Data collection for ten months (Oct, 2011-August, 2012)
List those who will be involved in conducting the research, including names and positions (e.g. 'PhD student')		Juneda Sarfraz, PhD student
2 RISKS TO, AND SAFETY OF, RESEARCHERS		
Do any of those named above need appropriate training to enable them to conduct the proposed research safely and in accordance with the ethical principles set out by the College?	**No**	The student has attended relevant Masters level courses for Public Health degrees in Pakistan and Sweden, as well as attending "Conducting Interviews in Qualitative Research" for Postgraduate students in the School of Social and Political Science, University of Edinburgh. The student is also familiar with principles outlined in the College of Humanities and Social Sciences Handbook.
Are any of the researchers likely to be sent or go to any areas where their safety may be compromised, or they may need support to deal with difficult issues?	**No**	The student is conducting research involving in-depth interviews primarily conducted in homes of members of multigenerational families living in Edinburgh. At least one member of the family will be aware of the schedule of the student. The addresses and schedules will be kept in a locked cabinet, accessible to the member of family/staff in case the student does not report back after the specified time for interview.
Could researchers have any conflicts of interest?	**No**	

3 RISKS TO, AND SAFETY OF, PARTICIPANTS		
Could the research induce any psychological stress or discomfort?	**No**	People will be talking about everyday life issues related to food and eating, and this is unlikely to be a sensitive topic
Does the research involve any physically invasive or potentially physically harmful procedures?		
Could this research adversely affect participants in any other way?		
4 DATA PROTECTION		
Will any part of the research involve audio, film or video recording of individuals?	**Yes**	If possible, all interviews will be digitally recorded to allow detailed analysis. The participants will be asked for their written consent prior to the interview.
Will the research require collection of personal information from any persons without their direct consent?	**No**	
How will the confidentiality of data, including the identity of participants (whether specifically recruited for the research or not) be ensured?		• Consent forms and other identifying participant information will be kept separate from interview transcripts using identifying codes, and no identifying information will be presented in reports or papers. • If participants reveal any identifying information in their interviews, e.g. names, places or locations, it would be removed from transcripts. • Anonymity will also be preserved so that in case of quotations being used in project outputs, they are not attributable to specific individuals/ families. For this reason pseudonyms will be used for quotations etc. in the PhD or any publications.

Who will be entitled to have access to the raw data?	1. Juneda Sarfraz, PhD Student 2. Dr Julia Lawton, supervisor 3. Professor Amanda Amos, supervisor
How and where will the data be stored, in what format, and for how long?	• Softcopies will be stored on a password protected personal computer. • Consent forms and transcribed copies will be kept in secure filing cabinets. • All data will be ultimately deleted and destroyed following the completion of PhD thesis and other research outputs.
What steps have been taken to ensure that only entitled persons will have access to the data?	• The relevant personal computer is password protected. • Filing cabinets used to store data will be locked.
How will the data be disposed of?	Through University of Edinburgh confidential waste disposal procedures.
How will the results of the research be used?	• The aim of the project is to generate a PhD thesis. Attempts will be made to disseminate the findings from the project at academic conferences and through academic articles in peer reviewed journals. • In addition to this, alternative strategies might be located in order to disseminate the findings to audiences with a personal or professional interest in the topic including the members of Pakistani community in Edinburgh, policy makers and political actors, health professionals. • Dissemination strategies could potentially include dissemination via ethnic networks such as Pakistani Society Edinburgh, Edinburgh Ethnicity Health Research Group etc.
What feedback of findings will be given to participants?	In case of interest, potential resulting reports, articles and other material will be made available to the participants.

Is any information likely to be passed on to external companies or organisations in the course of the research?	**No** The digitally recorded interviews will be transcribed internally by the student herself. The Pakistani Society Edinburgh expected to help in recruitment, will also be kept oblivious of the identity and information obtained from the participants.
Will the project involve the transfer of personal data to countries outside the European Economic Area?	**No**
5 RESEARCH DESIGN	
The research involves living human subjects specifically recruited for this research project *If 'no', go to section 6*	**Yes** The research will involve multiple members of multigenerational Pakistani Muslim families living in Edinburgh, specifically recruited for the project. Both male and female participants would be included. Although children less than 16 years of age will be exclude, some participants might be elderly in such households.
How many participants will be involved in the study?	Approximately 3 members each will be interviewed from 10-12 multigenerational families during the course of the project, i.e., around 30 people.
What criteria will be used in deciding on inclusion/exclusion of participants?	• Multigenerational Pakistani Muslim families (those constituting more than two generations) either living under the same roof or in close geographical proximity will be included. • Multiple members from each family will be recruited, excluding those less than 16 years of age. • An effort will be made to include the person primarily responsible for food chores within the household.

How will the sample be recruited?	• Personal contacts as well as Pakistani Society Edinburgh (PSE) will be used to locate and approach the first few families. • Potential participants will be invited using the invitation letter (appended with this form) or through personal contact including use of telephone. • Consent form will also be provided (appended with this form). • . • In case the participant is not conversant with English, the invitation letter and consent form will be translated in Urdu. For illiterate participants, they will be read out by the initial contact person (either researcher or the Society member), and consent obtained through use of thumb impression instead of signature. • After the consent has been obtained, researcher will arrange a time and date for interview that is suitable to both the interviewer and interviewee. • The family will be approached either by the researcher or the PSE, and once a member of the family has consented to be part of the study, he/she would be interviewed by the researcher. This interview will act as a guide in determining the family members most likely to provide rich information, and they would then be approached by the student for consent followed by interview, if possible. • Sampling would be purposive. If snowballing (one family referring another family to the researcher) is used, the intermediate referring individual/ family will not be informed about the inclusion of their recommended family in the study.
Will the study involve groups or individuals who are in custody or care, such as students at school, self help groups, residents of nursing home?	**No**
Will there be a control group?	**No**

What information will be provided to participants prior to their consent? (e.g. information leaflet, briefing session)	• An introductory letter stating the relevant information about the study and the researcher's affiliation will be provided when interviewees are contacted. • Participants will also be given a form containing the information about the study and its purpose as well as confidentiality procedures, and a consent form on which they can state their written consent (see attached documents). • Prior to interview, an opportunity will also be provided to the participants to ask any questions or seek clarification about the study.
Participants have a right to withdraw from the study at any time. Please tick to confirm that participants will be advised of their rights, including the right to continue receiving services if they withdraw from the study.	**X**
Will it be necessary for participants to take part in the study without their knowledge and consent? (e.g. covert observation of people in non-public places)	**No** Field notes about the general use of space for cooking, eating and storing food stuff would be taken, including openly displayed food items or those served. However, no structured overt observation will take place. All data obtained in the interview will be handled according to the specified confidentiality procedures.
Where consent is obtained, what steps will be taken to ensure that a written record is maintained?	• Participants will be invited to discuss any queries with the researcher prior to their participation. • Translated forms for informed consent will also be made available, where required. • For illiterate participants, verbal consent with thumb impression will be obtained after reading out the information sheet and consent form.

In the case of participants whose first language is not English, what arrangements are being made to ensure informed consent?	As given above, translated forms will be made available for participants, both in Urdu and Punjabi in addition to the English one. The interviewee will be asked at the outset for their preferred language of interaction and their preference followed, as the researcher has reasonable proficiency in all three languages.
Will participants receive any financial or other benefit from their participation?	**No**
Are any of the participants likely to be particularly vulnerable, such as elderly or disabled people, adults with incapacity, your own students, members of ethnic minorities, or in a professional or client relationship with the researcher?	**Yes** All participants are expected to be of Pakistani origin and Muslims too. Some interviewees might be elderly, as more than two generations would be involved as multigenerational families in the project. One or more family members might know the about researcher, although superficially.
Will any of the participants be under 16 years of age?	**No**
Do the researchers named above need to be cleared through the Disclosure Scotland procedures?	**No**
Will any of the participants be interviewed in situations which will compromise their ability to give informed consent, such as in prison, residential care, or the care of the local authority?	**No**

6 EXTERNAL PROFESSIONAL BODIES	
Is the research proposal subject to scrutiny by any external body concerned with ethical approval?	**No**
If so, which body?	
Date approval sought	
Outcome, if known *or*	
Date outcome expected	
7 ISSUES ARISING FROM THE PROPOSAL	
In my view, ethical issues have been satisfactorily addressed. **Signature** **Juneda Sarfraz** Date 15th September, 2011	

Annex 3: Request for participation in a research study

Juneda Sarfraz

PhD student

Centre for Population Health Sciences

Teviot Place,

Edinburgh

EH8 9AG

Tel: 0131 503228 email: J.Sarfraz @sms.ed.ac.uk

[Address]

Request for participation in a research study on Food in Pakistani Muslim Multigenerational Families

Dear [name],

I am a PhD student at University of Edinburgh. I am interested in learning more about the kinds of foods that Pakistani Muslim multigenerational families eat as part of their everyday lives, and why. To do this, I need to interview several members of the same family. I am contacting you to ask if you would be willing to be part of this study.

I will greatly appreciate your help, as this is an important subject and not much is known about it. An information sheet with more detail about the study is enclosed. I can assure you that all information would be kept confidential and reported without giving your name. Before your interview, you will be asked to sign a consent form.

I would be most grateful if you can spare the time to contribute to this research. If you would like any further information before responding, please do not hesitate to contact me.

I look forward to your reply and, hopefully, to meeting you in person.

Yours sincerely,

[Signature] Juneda Sarfraz

Annex 4: Participant Information Sheet and Consent Form for Potential Interviewees

Participant Information Sheet and

Consent Form for Potential Interviewees

Part 1: Information about the research project and the interview process

Project title: Food and Eating in Pakistani Muslim Multigenerational Families

I am a PhD student at the University of Edinburgh. I would like to invite you to take part in the above research study. I would be grateful if you could read the following information carefully. It explains why this research is being carried out and what it will involve. Please contact me if anything is not clear, or if you would like more information. Contact information is provided on page 2 of this information sheet.

What is the purpose of the study?

The study aims to understand the kinds of food eaten by Pakistani Muslim multigenerational families, and why. Families with more than two generations living in the same household or in the same locality are being invited to take part. Information obtained through this study will be used to increase our understanding of the diet in such families.

Why have you been invited?

You have been invited to take part in this study as you are a member of Pakistani Muslim multigenerational family. I am also hoping to interview two other members of your family.

Do you have to take part?

Participation in this study is entirely voluntary. You are free to withdraw at any time during the study without giving me a reason.

What will the research involve for you?

If you agree to take part, I will interview you in the language that you prefer, choosing between English, Urdu or Punjabi. I would like to interview you in

your home, or another suitable location if so desired. Your interview will be arranged for a time convenient to you. The interview will last about an hour, depending upon what you have to say. If you give your permission, it will be digitally recorded and then transcribed and translated. If you do not want your interview to be recorded, I will take notes instead.

What are the possible benefits of taking part?

There will be no immediate benefits of taking part in this research. However, as a participant, you will be contributing to a study about food in Pakistani Muslim multigenerational families, the results of which would be used to improve the diet in such families.

How will the information provided by you be stored?

All electronic data will be stored on password protected files and any paper copies will be kept in a locked filing cabinet in secure offices in the University of Edinburgh. All files will be disposed of after completion of the PhD thesis and other publications.

Contact Details

I am the main contact for the study. If you have any questions about the project, please don't hesitate to ask. My contact details are: Juneda Sarfraz, PhD student, Centre for Population Health Sciences, University of Edinburgh, Teviot Place, Edinburgh EH8 9AG. Tel: 0131 650 3228

Email: j.sarfraz@sms.ed.ac.uk.

Problems or complaints

If you have any concerns you wish to raise, or if you wish to make a complaint, please contact the supervisor of this PhD project [name and designation and contact details]

Thank you for considering taking part in this study and taking the time to read this information. If you are willing to be interviewed for this research, please complete the declaration on the following page, which is the requirement of University of Edinburgh ethical guidelines.

Part II: Anonymity and Consent to be interviewed

In signing the declaration below, I am declaring that I:

- have read the participant information sheet;
- have had the opportunity to ask questions about the study and have received satisfactory answers to the questions, and any additional details requested;
- understand that I may withdraw from the study at any time by advising the researcher of this decision;
- understand that this project has been reviewed by, and receive ethical clearance through, the University of Edinburgh School of Health in Social Science Research and Research Ethics Committee;
- understand who will have access to the data provided, how will the data be stored, and what will happen to the data at the end of the project
- agree to participate in the study

Name in Block Letters:

_____

Signature of Interviewee: _____ Date _____

Signed by interviewer: _____ Date _____

Annex 5: Topic Guide for Research

Juneda Sarfraz, Phd Student, CPHS

Title of Research: Food and Eating practices in Multi-generational Pakistani Muslim Families in Scotland; A Qualitative Study.

Topic Guide for In-Depth Interviews with members of Multigenerational Pakistani Muslim Families

I will start with asking about a typical day and then get the conversation going about food and family, keeping the following in mind while exploring, probing or asking for detail

1. **Personal and demographic information of respondent:**

   Age, marital status, number of individuals in the household, number of families living together, self-defined structure of the family, years of living outside Pakistan, years of living in Scotland, number of children less than 16 in the household.

2. **Information regarding food processes (provisioning, processing, cooking, feeding):**

   How food is obtained and converted into edible things in the household, person primarily responsible for food on the table, roles of different members of the family, frequency of food-related activities e.g shopping, cooking

3. **Family dynamics:**

   How often does the extended family meet, eat together, share foodstuff, socialise? What kinds of decision-making processes go on within immediate and extended families, and who exerts what kind of influence? Nature of sharing of foods within and outside the family

4. **Information regarding meals:**

   Number, frequency, type (traditional, modern), place, special considerations, outside and inside the house, types of food, reasons for preferences, perceived influences on meal structure and content

5. **Meanings of food stuff:**

   Foods bought, foods served, food stored, foods eaten, foods preferred; and underlying reasons

6. **Various uses of food:**

   Food taboos, halal foods, food as medicine, hot and cold, illness/ disease related restrictions etc.

7. **Exploring differences:**

   Regarding foods and eating practices, what has changed over time and how and why? What has remained the same, and why? How do different members and generations differ in this regard, and what are the probable reasons for this?

8. **Any other issues**

   If the disease/ health issues do not arise on their own during the interview, they can be explored towards the end.